ORIGINAL

250 Broadway, New York, N.Y. 10007 99 Washington Ave., Suite 1806, Albany, N.Y. 12210 125 Main Street, Buffalo, N.Y. 14203

RENEWAL APPLICATION RETAIL BEER LICENSE OFF PREMISES CONSUMPTION

STATE OF NEW YORK LIQUOR AUTHORITY

The Original and Local Board Copy of this application for 3 year renewal must be properly executed and signed and mailed in the enclosed return envelope and must be accompanied by the following:

(1) CERTIFIED CHECK, BANK OFFICERS' CHECK or DRAFT, or MONEY ORDER for the required fee payable to the order of the State Liquor Authority.

(2) ORIGINAL BOND, issued by any surety company authorized to execute such bonds in the State of New York. Such bond must be completely filled out, signed and dated by both the surety company and the licensee, and must be effective for the full term of renewal period.

(3) Such other documents as required by reason of answers made to questions in this application and/or set forth in Instruction Form A-4.

ALL QUESTIONS MUST BE ANSWERED IN BOXES BELOW. (See Instructions on enclosed Form A-4) Any false answer or statement made by the applicant constitutes perjury and will subject any license issued hereunder to revocation.

	The applicant hereby appli	es for a renewal of RE	TAIL BEE	R license now.	held by, a	pplicant.	•
	nt. (If partnership, name all partners)		Trade name	or other names unde	r which applic	ant does busines	8
michael	Dileo John	Dileo Vicini		THE PERSON NAMED IN	在五	# Bare	1 Tac
1							
Street address of pres	mises to be licensed	W 1127f	Post office ad	ldress of premises (if	different)		
City, town or village.	76 15/60 KIYA 10	County	City town or	village Zip Code (if different)	TT	elephone No.
R CAA	PG T Brooklyn N -Zip Code Klyn N	KINN	City, wwii o	vinage. – zap code (ir directority	"	210.
Name of owner of bu	ailding in which the premises to be license	d are located	Address of o	wner of building	-	<u> </u>	
michA	el Persico		6717		14 B:	rooklyn	NY
(b) List all the	number of off-premises beer licenses now off premises beer licenses held by the a actudes an individual, co-partnership, co	same "person" making this ap				1. Total Number (a)	of Licenses Held
Annual fees of 1500 or n	for licenses to sell beer at retail for off nore. \$37.50 elsewhere. Where, however, ch licensee shall be double the amount	f-premises consumption are as , the applicant is the holder o	follows: \$75.00				
License No.	Full nane of Applicant-Licensee	Address (Ad	ld Rider if more	space is needed)		County	Fee
	DYKER PACK HOT BAY	eh, Inc 713	86 57	Brooklyn 1	NY	Kings	33000
•	exp 4-30-90						
			i				
	o set forth details of arrests, summonses and/or co d not been acknowledged by the Authority. Name of Defendant	Connection with be (Licensee, employee	usiness	Crime or Offense	Date	Disp	osition in ch case
		or other)					
						 	
				 			
			 -	† · · · · †			
Use this schedule	"B" to set forth details of such "changes" (other	than arrests, etc.) which had not been	reported to the A	thority or having been a	reported had not	been acknowledged 1	by the Authority.
	Nature of Change	Date	•		Deta	ils	
	•			•			
•							
If all	hange is in corp. setup, p	loggo indicate if an	vone not	nrecently a	nringing	l ie involv	vad.
	e assist you in preparing this applica		yone not	Yes or No	br merba	Name, address	
(-,	e assist you in preparing this applications, address and business of each si		4. (a)	NO	(b)	•	
		•	,				
ZATION TO ASSI	SSARY FOR YOU TO EMPLOY ANY PERSON, A IST YOU IN FILING THIS APPLICATION. BE 3 ABLE TO ASSIST YOU IN SECURING ACTIONAL SECURING ACTION IN SECURING ACTION ACTION IN S	WARE OF PERSONS					



NEW YORK STATE LIQUOR AUTHORITY

APPLICATION FOR ALCOHOLIC BEVERAGE RETAIL LICENSE

claiming	ot necessary to employ any person, agency to be able to assist you in securing ac- influence, or promise of influence in ob-	tion on your application. The p	payment of money or othe	r thing of value for 1
use of I	mituence, or promise of influence in or	taining a ticense is a violation	n of taw and offenders i	itt be prosecuted.
	_	Hot		•
1.)	APPLICANT NAME Dyker F	Park Bagels Inc		
	TRADE NAME (D/B/A)			
	Premises Street Address	13 86th Street		
	City, Town or Village Broo	oklyn New York	ZIP	11228
			Tel. No.	
	Between what streets		<u> </u>	
	Premises Post Office Address	(if different from abo	ove)	
	Tohn Dilo	o & Michael Persico		
2.)	712 0(-1)			
	Landlord address 713 86th	klyn New York		11228
	City, Town or Village Broom	Mary II New York	ZIP	
	Telephone No.			
_ 、		NAME Flynn & Flynn	1	
3.)	ATTORNEY/REPRESENTATIVE Office Address 237 Beach	14574TD	-	
	Office Address 237 Beach	Park New York	770	11694
	City, Town or Village Rock Telephone No. 718-945-100	0	ZIP	
	Telephone No		<u> </u>	
4.)	Alcoholic Beverage License o	Grocery Store I	RECEIVED 1007	WED 1 2 2
4 ./	Alcoholic beverage license c	tass.	APPA	3 BOARD
5.)	TOTAL PAYMENT DUE		RECEILICENSING	50
.,		1	"FOEIAE BIUNJ	0 1995
6.)	PENAL BOND DUE	; 		\$ 1,00
		· · · · · · · · · · · · · · · · · · ·	CT 2 5/995 W	The same of the sa
3	975Li	***	Dy	Control of the state of the sta
	1720	LICENS	NG PROGRESS NGH	20
	1 1/	[OFFICE USE ONLY]	J. G.	The state of the s
	10/25/6	11/1/45 C/M	Som	
Date	filed:		* .eugh	
Count	y Code # NING			
Local	Board Action:	Approval		pproval
STATE	LIQUOR AUTHORITY action:	Approval	Disa	pproval
	of ISSUANCE: OK TO ISSU	Λ		
Date		- / / -	- 43905	_
	LICENSE PROCESSING	SERIAL NUMBER:/	10100	
	MAY 1 5 1996	?	\bigcirc	Y
	M41330		BATA FAITE	רים
			KVIVENIE	KLU
POPM.	CI.B ADD (DEVICED A/QA)	· · · · · · · · · · · · · · · · · · ·	INCOV I KACKE	J

Mame	of applicant Residence		Citizer	nship	DO	В
	460 2.77, 3				· · · · · · · · · · · · · · · · · · ·	
				<u></u>		
8.)	TO BE FILLED IN ONLY BY LIMITED L	LABILITY COMPANY	OR LIMITE	LIABILI	Y PART	NERSHIP
Name	Member or Manag	er Position		% of Owne	rship	Interest
						
				., .		
 .		,				
						A 20 %
						<u> </u>
			- C			·
						į
9.)	TO BE FILLED IN ONLY BY CORPORATION	ON ADDITONIMO				~
.,	10 DE LIBES IN ONLI BI CORPORATIO	ON APPLICANTS				
(a)	State under what law applicant was	s organized:		New York		
(b)	Date of organization:			8/8/95		
(c)	If applicant is a foreign corporati	on, has a certifi	icate of	NO	YES	
	authority been obtained to do bus	iness in this sta	ate?			
(d)	If YES, date of certificate:			·		
(e)	Name of principal place of busines			Dyker Par		
(f)	Address of principal place of busi	iness:			Street	Brooklyn
(g)	Number of outstanding shares:			60		
/ * · · · ·						
(h)	List names and addresses of the STO and DIRECTORS as of the date of fil					
	and birectors as of the date of fif	ing or this appli	.cation:			
lame	of Stockholder/ Residence	Citizenship	Title	No. of S	hares	Birth Dat
	icer/Director					
	olas DiLeo	USA	Pres/Dir	20 Comm		
- 1	ael Persico DiLeo	USA USA	V Pres/Dir Sec/Dir	20 Comm		_
	DIRCO	ODA	Sec/DII	20 COM	iOII	
		water to the state of the state				
· · · · · ·	,					

10(a)	or option to lease?	NO YES X
æ∄ (þ)	If YES, state name and address of immediate lessor?	John DiLeo & Michael Persion 713 86th Street Brooklyn N
(c)	Date and Duration of lease:	9/15/95-10 Years
(d)	Do the terms of the lease or other arrangement require payment by the applicant of any consideration based on a percentage of the receipts of the business?	NO X YES
(e)	If YES, state percentage and give details:	N/A
11.(a) Is any license under the Alcohol Beverage Control Law now in effect for the premises for which this application is filed?	NO X YES
(b)	If YES, state name of licensee:	N/A
(c)	License number:	N/A
12(a)	Will any other business of any kind be carried on in said premises?	NO X YES
(b)	If YES, provide details:	N/A
13.)	Are the said premises located in a district created under any zoning laws which restricts the maintenance of a business at the premises to be licensed?	NO X YES
14.)	Do said premises comply with all applicable building, fire and health laws, ordinances and regulations?	NO YES X
15(a)	Are premises located within 200 feet of a building occupied exclusively as a school, church, synagogue or other place of worship, which is located on the same street or avenue?	NO YES GROCERY STORE X
(b)	If YES, state what date said premises have been continuously licensed under the Alcoholic Beverage Control Law?	0CT 3 1 1995
(c)	If YES, provide the names and addresses in Section D, Statement of Area Plan, and indicate on the Block Plot Diagram?	STATENANIOR AUTHORITY FILE REPAIR NEW YORK, N. T.
16.)	Did you notify the appropriate Community Board or Municipality of your application and submit the original proof of mailing with your application?	NO YES X
17(a)	Does any person not an applicant herein, or if a corporate applicant any person not an officer director or	NO X YES

.

stockholder of such corporation any interest, financial, proprietary or other, direct or indirect, in the premises or in the business to be licensed or has made any loan to the applicant for said business, or has any lien or mortgage on the fixtures in the business?

(b) If so, state the names and addresses of such persons, the nature of their interest and the date when it was acquired?

	Name N/A	Address		Date Acquired
				<i>-</i>
18(a)	applicant, a stockholder of in questions basis or in an	on not an applicant herein, or, if a corporate any person not an officer, director or such corporation, or any person not reported above, share, or will share on a percentage by way in the receipts, losses or deficiencies ss, to any extent whatsoever.	No X	Yes
(b)	If so, state nature and per	the names and addresses of such persons, the reent of their share and date acquired.		
	Name N/A		shares	Date Acquired
19(a)	or (if a corresponding stockholders a premises or but manufactured ostock ownership on, or owners.	ant or (if a partnership) any of the partners poration) any of the officers, directors or any interest, directly or indirectly, in any usiness where any alcoholic beverage is or sold at wholesale or retail, whether by ip, interlocking directors, mortgage or lien hip of any real or personal property, or by ins including loans?	NO X	YES
(b)	license number	the name and addresses of the premises, the , the date the interest was acquired and the of the interest.	NO N/A	YES
20(a)	or (if a corp stockholders, ever been CONV sentences) of	cant or (if partnership) any of the partners coration) any of the officers, directors or or any agent or employee of the applicant, ICTED (including pleas of guilty or suspended any felony or of any other crime or offense coept traffic infractions?	NO	YES X
	and name of pe	date of conviction, crime or offense involved erson convicted. In each case a CERTIFICATE or a CERTIFICATE OF CONVICTION by the Court attached.		

	110-115.00	10/30/82	Name of person convicted Nick DiLeo
	DWI	2/13/82	Michael Persico
a)	traffic infractions) PENDI a partnership) any of the	ICTMENTS or SUMMONS (except NG against the applicant or partners or (if a corporations or stockholders, or amplicant?	(if ion)
)	If YES, state date of convict and name of person convict	ction, crime or offense invol ed. In each case a CERT	lved
	Crime or offense	Date	Name of person convicted
	·		
		<u> </u>	
	Federal Taxpayer Identification	ation No.	Dondina
	regeral lawbaket identifica	acton No.:	Pending
	If you did not provide your reason:		Number applied for
	If you did not provide you		Number applied for
	If you did not provide you reason:	r Tax Number, indicate the	Number applied for and pending Number not required, exempt organization
	If you did not provide you reason:	r Tax Number, indicate the Collect Sales Taxes Number	Number applied for and pending Number not required, exempt organization
	If you did not provide your reason: Certificate of Authority to (Please attach a copy if in	r Tax Number, indicate the Collect Sales Taxes Number your possession).	Number applied for and pending Number not required, exempt organization Pending
	If you did not provide your reason: Certificate of Authority to (Please attach a copy if in Are you an employer or corremployees?	r Tax Number, indicate the Collect Sales Taxes Number your possession).	Number applied for and pending Number not required, exempt organization
)	If you did not provide your reason: Certificate of Authority to (Please attach a copy if in Are you an employer or corpemployees? If YES, complete the follow	r Tax Number, indicate the Collect Sales Taxes Number your possession). coration with one or more wing:	Number applied for and pending Number not required, exempt organization Pending NO YES X
)	If you did not provide your reason: Certificate of Authority to (Please attach a copy if in Are you an employer or corpemployees? If YES, complete the follow Worker's Compensation Police	r Tax Number, indicate the Collect Sales Taxes Number your possession). coration with one or more wing:	Number applied for and pending Number not required, exempt organization Pending
)	If you did not provide your reason: Certificate of Authority to (Please attach a copy if in Are you an employer or corp employees? If YES, complete the follow Worker's Compensation Police Company:	r Tax Number, indicate the Collect Sales Taxes Number your possession). coration with one or more wing:	Number applied for and pending Number not required, exempt organization Pending NO YES X
i) i)	If you did not provide your reason: Certificate of Authority to (Please attach a copy if in Are you an employer or corremployees? If YES, complete the follow Worker's Compensation Police Company: Effective Date:	Collect Sales Taxes Number your possession).	Number applied for and pending Number not required, exempt organization Pending NO YES X Pending
i) ;)	If you did not provide your reason: Certificate of Authority to (Please attach a copy if in Are you an employer or corp employees? If YES, complete the follow Worker's Compensation Police Company:	Collect Sales Taxes Number your possession).	Number applied for and pending Number not required, exempt organization Pending NO YES X
)) ;) !)	If you did not provide your reason: Certificate of Authority to (Please attach a copy if in Are you an employer or corremployees? If YES, complete the follow Worker's Compensation Police Company: Effective Date:	Collect Sales Taxes Number your possession).	Number applied for and pending Number not required, exempt organization Pending NO YES X Pending

See INSTRUCTIONS for complete explanations.

- 24.) Financial Documents.
- 25.) Fingerprint Cards.
- 26.) Contracts.
- 27.) Photographs.
- 28.) Diagrams.

LIST OF EXPENSES FOR THIS VENTURE

All applicants must complete Section B.

Expen	se Item (Actual or Estimated):
1.	Real Property \$260,000
2.	Fixtures & Equipment \$25 000
3.	Inventory \$13 050
4.	Security Deposit
5.	Attorney/Representative Fees \$1 500
6.	Operating Capital \$2 100
7.	Miscellaneous Expenses
8.	SLA Fees \$350
9.	First Month's Rent and Any Paid to Date
10.	Renovations \$8 000
11.	Goodwill
12.	Other
13.	Total Cash \$ 100 000
14.	Total Deferred \$\frac{210 000}{\text{(Total Deferred includes loans, morgages, lines of credit, notes, etc.)}
	Explain how deferred: Mortgage on Bldg-\$210 000
15.	Total Cost \$ 310 000

FORM: SLA APP. (4/94)

INVENTORY EXPENSES AND STIPULATION

Grocery Store applicants ONLY must complete Section I.

DISPLAYED INVENTORY

1.	Dairy Products	\$	\$2 500
2.	Canned Goods		\$2 000
3.	Baked Goods	•	\$1 500
4.	Fruits and Vegetables		-0-
5.	Butchered Meats (excluding cold cuts)		_0_
6.	Other Groceries		\$1 500
7.	Cold Cuts		\$1 500
8.	Fish		
9.	Snack Foods (potato chips, pretzels, etc.)		\$750
10.	Soda and Confectionary Drinks		\$1 000
11.	Beer/Wine Products (anticipated amount)		\$1 500
12.	Drugs		
13.	Tobacco Products		\$800
14.	Toys and Other Games		-0-
15.	Other Miscellaneous		-0-
16.		\$	13 050

NOTE: Items 1 through 8 must be at least 50% of the total to qualify.

"Displayed Inventory" shall mean consumer items removed from cases or quantity transportation packaging made ready for basic unit sales on permanent shelving or in refrigerator units.

The displayed grocery (food) inventory, Items 1-8 shall be at least 50% of the wholesale dollar value of the total displayed inventory. Snack foods and the anticipated beer inventory shall not constitute more than 25% of the total displayed inventory. If the displayed inventory is not in compliance with the foregoing

percentages, attach a sworn statement of explanation.

It is further stipulated and agreed that the off-premises beer license which applicant seeks, if issued, will be issued on the continuing condition that the average monthly sales of grocery items and non-grocery items will bear the same ratio to each other as they do in the inventory submitted, that any deviation in the sales which causes the grocery sales to be less than fifty percent of the total sales or because of the predominant sale of any item so as to be considered a specialty food store will be deemed to have altered the nature of the premises so that it is no longer a bona fide grocery store and may subject the licensee to revocation of the license.

FORM: SLA APP. (REVISED 4/94)

LIQUOR STORE QUESTIONNAIRE

<u>Package Store applicants for PREMISES NOT CURRENTLY LICENSED must complete Section H.</u>
List the four closest package stores and distances from the proposed and/or existing location.

N/A

(1)	Store Name:					
	Address:					
	Distance:		:			<u> </u>
(2)	Store Name:	·				
	Address:			,		
	Distance:					
(3)	Store Name:					
	Address:					 _
	Distance:					
(4)	Store Name:					
	Address:					
	Distance					

FORM: SLA APP. (REVISED 4/94)

STATE OF NEW YORK - LIQUOR AUTHORITY

Filing fee: Total fee due: New effective date: New expiration date: DYKER PARK HOT BAGELS INC T13 86TH STREET BROOKLYN, NY 11228 NEW SERIAL#: 1006815 OLD SERIAL#: 021KINGA0043905122 NEW SERIAL#: 1006815 OLD SERIAL#: 021KINGA0043905122 Make sure all names and address information is correct, if not make the necessary changes on the reverse side. ALL QUESTIONS MUST BE ANSWERED. Any false answer or statement made by the applicant constitutes perjury and will subject any license hereunder to revocation.		Renewal Application ([Directions for Complet	ion enclosed)
Total for due: Security Secu	License ree: Filing fee:	300.00		
New expiration date: OSCIZIO25 DYXER PARK HOT BAGELS INC: 713 861H STREET EROOKLYN, NY 11228 NEW SIRILAS. 1609615 OLD SERIALS: 021KINGX0043016122 NEW SIRILAS. 1609615 OLD SERIALS: 021KINGX0043016122 PARK HOT BAGELS INC: ALL CUESTION MUST BE ANSWERD. *** *** *** *** *** *** ** **				SPECIAL MAILING REQUEST: Complete if you way
DYKER PARK HOT BAGELS INC T13 S6TH STREET BROOKLYN, NY 11228 NEW SERIALS: 1006815 OLD SERIALS: 021KINCA0043915122 T13 SOTH STREET BROOKLYN, NY 11228 New serial as names and address information is corroot, if not make the necessary Integration to the reviewed author. ALL QUESTIONS MUST BE ANSWERED. Voy false corposer or statement made by the applicant constitutes peoplary and will subject any licenses Revenueder to Voy false corposer or statement made by the applicant constitutes peoplary and will subject any licenses Revenueder to Voy false corposer or statement made by the applicant constitutes peoplary and will subject any licenses Revenueder to Voy false corposer or statement made by the applicant constitutes peoplary and will subject any licenses Revenueder to Voy false corposer or statement made by the applicant constitutes and the subject and the revenue and the re	Name of the state			licensed premises address:
DYKER PARK HOT BAGELS INC 713 NoTH STREET BROOKLYN, NY 11228 ***RECEIVE: MAD 2 7-760 ***ANISH STREET BROOKLYN, NY 11228 ***ALL QUESTIONS MUST BE ANSWERD.** ***Vary Interest and advanced and drawe grade for the signing of the advanced for the source and submerted mode by the significant consideration for your currently half license which have not been reported to and advanced god the significant double A andfor B on the reverse add. ***In ordangs in facts have occurred shoot he signing of the advanced in for the spinicant of the advanced in fine and advanced and advanced god to the State Lugar Authority with "YES" in the spinicant of the				
TIS SOTH STREET BROOKLYN, NY 11228 RECEIVEL 1922 7 200 RECEIVEL 1923 7 200 Receive and address information is correct, if not make the necessary hardward and address information is correct, if not make the necessary hardward and address information is correct, if not make the necessary hardward and address information is correct, if not make the necessary hardward and address information is an address information or address information of an address information of a address information of address information of a address information of address information of a address information of a address informat		= 100		
RECEIVE ASD THE PROOF OF THE PR				112305
SEW SERALE. 1008315 OLD SERIALE. 22 KING-0043905122 TASOTH STREET BROOKLYN, NY 11228 ALL QUESTIONS MUST BE ANSWERED. Any false sure all names and address information is correct, if not make the necessary theregoes not the reverse side. If any changes in facts have counted aince the signing of the application for your currently held license which have not been reported or and acknowledged by the State Lequer Anthroly wite "YES" to flow at and set form declars of changes in facts in the applicant of the specialism for your currently held license which have not been reported or and acknowledged by the State Lequer Anthroly wite "YES" to flow at and set form declars of changes in facts in the appropriate schedules A and/or B on the reverse side. If your premises are closed, state whether you knew Your Box to the Applicable applicant on of the NYS Liquor Authority. APPLICANT INFORMATION THAT ANY CHANGES IN ANY OF THE ARCT'S REPORTED HAVENINGH WHICH DOCURS IN THE PRIVATE DEVIATION OF THE APPLICATION CHANGES ANY OF THE ARCT'S REPORTED HAVENINGH WHICH DOCURS IN THE PRIVATE DEVIATION OF THE APPLICATION CANCELLATION OR SUBJECTION OR THE APPLICATION OF THE APPLICATIO				
NEW SERAL2 - 1000815 OLD SERIAL3 - 02 KINCA0043015122 TILL SOTH STREET BROOKLYN, NY 11228 ALL QUESTIONS MUST BE ANSWERED. Any false arraws and address information is correct, if not make the necessary and will subject any license hereunder for procession. If any changes in facts have occurred since the signing of the epolication for your currently held license which have not been reported to and acknowledged by the State Luquor Anthody wire "ES" to low at a sall set furth dutates of changes in facts in the appropriate schedules A and/or B on the reverse side. If any changes in facts have occurred wire "No" a Blow wire "No"				
NEW SIZERALEY. 1006315 OLD SERIALEY. 02 KINCG/0043015122 TI SOTH STREET BROOKLYN, NY 11228 ALL QUESTIONS MUST BE ANSWERED. Any false sure all names and address information is correct, if not make the necessary therepase on the reverse side. If any changes in facts have occurred since the signing of the application for your currently held identicated to the control of the co				RECEIVED MAD O
ALL QUESTIONS MUST BE ANSWERD. Any false answer or statement made by the applicant constitutes perjury and will subject any scenars hereunder to evocation. If any changes in facts have occurred kinds the signing of the application for your currently held because which have not been reported to and acknowledged by the State Lupur Authority wite. "YES" in face at any and ask from details of changes in facts have occurred kinds the special schedules A and/or B on the reverse side. If no changes in facts have occurred with No" a Box 81. If any changes in facts have occurred with No" a Box 81. YES NO State whether said licensed business presently is regularly kept open and operated by the applicant. 2 Dr. Not open the property of the No" of the No" of Box 81. YES NO Application of the No" of the No" of No" a Box 81. YES NO Application of the No" of the No" of the Reported to the No" of the Reported to the No" of the No" of the No" of the No" of the Reported to the No" of t	NEW SERIAL #- 1006815	OLD SERIAL # GOLK DIO CONTROL		2002
ALL QUESTIONS MUST BE ANSWERED. Any false answer or statement made by the applicant constitutes perjury and will subject any licenses hereunder to evocation. If any changes in facts have occurred since the algoing of the application for your currently had license which have not been reported on and schrowledged by the Stant Liquin Activately with or 126 in Box stantal and stantal and schrowledged by the Stant Liquin Activately with or 126 in Box stantal and stantal and schrowledged by the Stantal Liquin Activately with or 126 in Box stantal and stantal and schrowledged by the Stantal Liquin Activately with or 126 in Box stantal	713 86TH STREET BROOK	LYN. NY 11228	5122	
ALL QUESTIONS MUST BE ANSWERD. Any, false, answer or statement made by the applicant constitutes perjury and will subject any itemse hereunder to revocation. If any changes in facts have occurred since the signing of the applicant or your currently held loanse which have not been reported to and acknowledged by the State Liquor Authority write "YES" in Box at and set from detailed changes in facts in the appointes schedules A andford B on the reverse side. If no changes in facts have occurred, while INO in Box at 1. YES NO State whether said licensed business presently is regularly kept open and operated by the applicant 2. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.		,		
ALL QUESTIONS MUST BE ANSWERD. Any, false, answer or statement made by the applicant constitutes perjury and will subject any license herounder to revocation. If any changes in facts have occurred since the signing of the applicant or provided by the State Liquor Authority write "YES" in Box at and set from identical changes in facts have occurred to and acknowledged by the State Liquor Authority write "YES" in Box at and set from identical changes in facts have occurred. While NO' in Box at 1. YES NO State whether said licensed business presently is regularly kept open and operated by the applicant. YES NO State whether said licensed business presently is regularly kept open and operated by the applicant. YES NO State whether said licensed business presently is regularly kept open and operated by the applicant. YES NO State whether said licensed business presently is regularly kept open and operated by the applicant. YES NO State whether said licensed business presently is regularly kept open and operated by the applicant. YES NO Applicable whether said licensed business presently is regularly kept open and operated by the applicant. YES NO Applicable whether said licensed business presently is regularly kept open and operated by the applicant. YES NO APPLICANT UNDERSTANDED HAT WE COMMENT HAT WE WAY OF THE FACTS REPORTED WHITE WAY OF THE PRESENT HAT WE WAY OF THE WE WAY OF THE LICENSE. APPLICANT HAT WAY OF THE PRESENT HAT WE WAY OF THE LICENSE. APPLICANT HAT WAY OF THE WAY OF THE PRESENT HAT WAY OF THE LICENSE. APPLICANT HAT WAY O				
ALL QUESTIONS MUST BE ANSWERED. ANY plases answer or stetement made by the applicant constitutes parjury and will aubject any license hereunder to evocation. If any changes in facts have occurred since the signing of the application for your currently held license which have to been reported to and euthorwidesy date Lepura Authority with "FES" in Box at an ast form details of changes in facts have occurred in the appropriate as the dubte a Antiford B on the reverse side. If no changes in facts have occurred, write "No" in Box 81, and and of B on the reverse side. If no changes in facts have occurred, write "No" in Box 81, and and operated by the applicant. State whether said licensed business presently is regularly kept open and operated by the applicant. If your premises are closed, state whether your knome certificate is deposited in safekeeping with the appropriate zone office of the NYS Lepura Authority. APPLICANT INDESTRAINS THAT AY CHANGE IN ANY OF THE FACTS REPORTED INSERT WHICH OCCURS BETWEEN THE SOMMO OF THIS APPLICATION AND ANY OF THE FACTS REPORTED INSERT WHITE DO RECOSTREED MAIL WHITH 48 HOURS. APPLICANT INSERTION AND APPLICATION AND CONTROLLAND OR SUBSESSION OF THE LICENSE CONTROL WITHIN DO ANY. THE FACTS APPLICATION AND APPLICATION APPLICATION APPLICATION AND APPLICATION APPLICAT	Make sure all names and addres. changes on the reverse side.	s information is correct, if not make the neo	cessary	
THIS CERTIFICATION MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT and EACH MEMBER of A PARTNERSHIP THIS CERTIFICATION MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT and EACH MEMBER of A PARTNERSHIP INDIVIDUAL APPLICANTS AND EACH miss and the applicant above named; that he same are true of the company has been the some or the company of the com		ALL QUESTIONS	MUST BE ANSWER	FD.
If any changes in facts have occurred since the signing of the application for your currently hald license which have not been reported to and acknowledged by the State Liquor Authority write "YES" in Box at an set forth decisis of changes in facts in the appointate Schedules A and/or B on the reverse side. If no changes in facts have occurred, write "NO" in Box at 1. State whether said licensed business presently is regularly kept open and operated by the applicant. 2	Any false answer or statement n			
and set forth deplate applicate of an appointer to an active interview propriets achieved the propriets and set of the propriets of changes in facts in the appoints a schodules A and/or B on the reverse side. If no changes in facts have occurred, wite? NO' in Box #1. State whether said licensed business presently is regularly kept popen and operated by the applicant. State whether said licensed business presently is regularly kept popen and operated by the applicant. If your premises are closed, state whether your license certificate is deposited in safekeeping with the appropriate zone office of the NYS Liquor Authority. APPLICANT UNDERSTANGS THAT ANY CHANGES IN MAY OF THE FACTS REPORTED HEREIGN WHICH OCCURRED BETWEEN THE SKINNING OF THE APPLICANTION AND THE COMMENCEMENT OF THE NEW LICENSE PERSON UNDERSTANGS THAT ANY CHANGES IN MAY OF THE FACTS REPORTED HEREIGN THAT ANY CHANGES IN ANY OF THE ACT IN THE AUTHORITY IN WITNING BY CERTIFICATION WITNING ANY CHARGES THAT ANY CHANGES IN THE COMMENCEMENT OF THE NEW LICENSE PERSON UNDERSTANGS THAT IN COMMENCEMENT OF THE NEW LICENSE PERSON UNDERSTANGS THAT IN ANY APPLICANT OF THE NEW LICENSE PERSON UNDERSTANGS AND ANY OF THE FACTS TO CHANGE ANY APPLICANT OF THE NEW LICENSE CONTROL LAWS ANY OFFICE ANY APPLICANT OF THE NEW LICENSE CONTROL LAWS ANY OFFICE ANY APPLICANT OF THE MENOR OF THE PACTS TO COMMENT WITH A STATE LUCION ATTAY APPLICANT OF THE MENOR OF THE PACTS TO COMMENT WITH A STATE LUCION ATTAY APPLICANT OF THE MENOR OF THE PACTS TO COMMENT WITH A STATE LUCION ATTAY APPLICANT OF THE MENOR OF THE PACTS TO COMMENT WITH A STATE LUCION ATTAY APPLICANT OF THE MENOR OF THE PACTS TO COMMENT WITH A STATE LUCION ATTAY APPLICANT OF THE MENOR OF THE PACTS TO COMMENT WITH A STATE LUCION ATTAY APPLICANT OF THE MENOR OF THE PACTS TO COMMENT WITH A STATE LUCION ATTAY APPLICANT OF THE MENOR OF THE PACTS TO COMMENT WITH A STATE LUCION AND A STATE AND A STATE LUCION AND A STATE AND A	evocation.	, , , , , , , , , , , , , , , , , , ,	and win subject any nears	e nereunger to
and set forth deplate applicate of an appointer to an active interview propriets achieved the propriets and set of the propriets of changes in facts in the appoints a schodules A and/or B on the reverse side. If no changes in facts have occurred, wite? NO' in Box #1. State whether said licensed business presently is regularly kept popen and operated by the applicant. State whether said licensed business presently is regularly kept popen and operated by the applicant. If your premises are closed, state whether your license certificate is deposited in safekeeping with the appropriate zone office of the NYS Liquor Authority. APPLICANT UNDERSTANGS THAT ANY CHANGES IN MAY OF THE FACTS REPORTED HEREIGN WHICH OCCURRED BETWEEN THE SKINNING OF THE APPLICANTION AND THE COMMENCEMENT OF THE NEW LICENSE PERSON UNDERSTANGS THAT ANY CHANGES IN MAY OF THE FACTS REPORTED HEREIGN THAT ANY CHANGES IN ANY OF THE ACT IN THE AUTHORITY IN WITNING BY CERTIFICATION WITNING ANY CHARGES THAT ANY CHANGES IN THE COMMENCEMENT OF THE NEW LICENSE PERSON UNDERSTANGS THAT IN COMMENCEMENT OF THE NEW LICENSE PERSON UNDERSTANGS THAT IN ANY APPLICANT OF THE NEW LICENSE PERSON UNDERSTANGS AND ANY OF THE FACTS TO CHANGE ANY APPLICANT OF THE NEW LICENSE CONTROL LAWS ANY OFFICE ANY APPLICANT OF THE NEW LICENSE CONTROL LAWS ANY OFFICE ANY APPLICANT OF THE MENOR OF THE PACTS TO COMMENT WITH A STATE LUCION ATTAY APPLICANT OF THE MENOR OF THE PACTS TO COMMENT WITH A STATE LUCION ATTAY APPLICANT OF THE MENOR OF THE PACTS TO COMMENT WITH A STATE LUCION ATTAY APPLICANT OF THE MENOR OF THE PACTS TO COMMENT WITH A STATE LUCION ATTAY APPLICANT OF THE MENOR OF THE PACTS TO COMMENT WITH A STATE LUCION ATTAY APPLICANT OF THE MENOR OF THE PACTS TO COMMENT WITH A STATE LUCION ATTAY APPLICANT OF THE MENOR OF THE PACTS TO COMMENT WITH A STATE LUCION ATTAY APPLICANT OF THE MENOR OF THE PACTS TO COMMENT WITH A STATE LUCION AND A STATE AND A STATE LUCION AND A STATE AND A	If any changes in facts hav	e occurred since the signing of the applica	tion for your currently held	license 1. N. C
State whether said licensed business presently is regularly kept open and operated by the applicant. 2	and set forth details of char	ted to and acknowledged by the State Liquides in facts in the appropriate schedule	or Authority write "VEC" :	D#4
State whether said licensed business presently is regularly kept open and operated by the applicant. 2.	If no changes in facts have	occurred, write "NO" in Box #1.	S A allu/or B on the reve	rse side.
Applicable contents are closed, state whether your license certificate is deposited in safekeeping with the appropriate zone office of the NYS Liquor Authority. APPLICANT UNDERSTANDS THAT ANY CHANGE II MAY OF THE FACTS REPORTED HEREIN WHICH OCCURS BETWEEN THE SIGNING OF THIS APPLICATION AND ANY OF THE FACTS REPORTED TO THE AUTHORITY IN WRITTEN BY CERTIFIED OR REGISTERED MAY HAVE ANY OF THE FACTS REPORTED TO THE AUTHORITY IN WRITTEN BY CERTIFIED OR REGISTERED MAY HAVE ANY PERSON HAVING THE REPORTED TO THE AUTHORITY IN WRITTEN BY CERTIFIED AND THE REPORTED OF THE REVOCATION CANCELLATION ON SUSPENSION OF THE LEGENSE APPLICANT HEREBY AGREES THAT ANY PAPLICATION FLEED UNDER THE ALCHOLOGY EVERAGE CONTROL LAW BY ANY PERSON HAVING ANY NETREST, DIRECT CONSIDERED BY THE STATE LIQUOR AUTHORITY IN ACTION UNDER THE ALCHOLOGY EVERAGE CONTROL LAW BY ANY PERSON HAVING ANY NETREST, DIRECT CONSIDERED BY THE STATE LIQUOR AUTHORITY IN ACTION WITH UNDER CHARGE AND HAVE ANY PERSON HAVING ANY NETREST, DIRECT CONSIDERED BY THE STATE LIQUOR AUTHORITY IN ACTION WITH UNDER CHARGE ANY APPLICATION HOUSE AND HAVE ANY PERSON HAVING ANY NETREST, DIRECT CONSIDERED BY THE STATE LIQUOR AUTHORITY IN ACTION UPON HIT ARE PROJECT. THIS CERTIFICATION MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT and EACH MEMBER OF A PARTNERSHIP INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION. THE undersigned, each for himself, certifies that he is the applicant above named; that he knows the contents of the above application and the statements contained early on the provision of th	State whether said licenser	husinese presently is regularly treat		YES NO
appropriate zone office of the NYS Liquor Authority. APPLICATION ATTA ANY CHANGE IN ANY OF THE FACTS REPORTED HEREIN MINICH OCCURS BETWEEN THE SISKING OF THIS APPLICATION AND APPLICATION AND THE COMMERCEMENT OF THE NEW LICENSE PERIOD MUST BE REPORTED TO THE AUTHORITY IN WRITING BY CENTIFIED ON REGISTERED MULL WITH AN HOURS ANY HER COMMERCEMENT OF THE NEW LICENSE PERIOD MUST BE REPORTED WITHIN 10 AND ANY THE FALL HER COMMENCEMENT OF THE NEW LICENSE PERIOD MUST BE REPORTED WITHIN 10 AND ANY THE FALL HER TO COMPTLY WITH HE FOREOME SA ARROWED FOR THE REVOCATION. CANCELLATION OF SUSPENSION OF THE LICENSE. APPLICATION THE REVOCATION CANCELLATION OF SUSPENSION OF THE LICENSE. APPLICATION THE PREMISES OR IN THE BUSINESS TO BE LICENSED. FOR ANY LICENSE OR PERMIT, SHALL BE DEEMED AND MADE A PART HEREOF AND ONSIDERED BY THE STATE LUDIOR AUTHORITY IN ACTING UPON THIS APPLICATION. THIS CERTIFICATION MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT and EACH MEMBER OF A PARTNERSHIP INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION. THE UNDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION. THE UNDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION. THE UNDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION. THE OFFICE OF A PARTNERSHIP COMPLETE THIS SECTION. THE ADDRESS OF THE STATE LIQUOR AUTHORITY AND ADDRESS OF THE STATE AUTHORITY AND ADDR				
APPLICANT UNDERSTANDS THAT ANY CHANGE IN ANY OF THE FACTS REPORTED HEREIN MICH COURSE BETWEEN INTERSEMENT OF THE NEW LICENSES PERIOD MUST BE REPORTED TO THE AUTHORITY IN WAITING BY CHANGE OF THIS APPLICATION ANY INFORMATION OF THE INDIVIDUAL SERVICE OF THE NEW LICENSE PERIOD MUST BE REPORTED WITHIN 10 DAYS. THE FAILURE TO COMMEY WITH PROPERTY OF THE NEW LICENSE PERIOD MUST BE REPORTED WITHIN 10 DAYS. THE FAILURE TO COMMEY WITH PROPERTY OF THE NEW LICENSE PERIOD MUST BE REPORTED WITHIN 10 DAYS. THE FAILURE TO COMMEY WITH PROPERTY OF THE NEW LICENSE PERIOD MUST BE REPORTED WITHIN 10 DAYS. THE FAILURE TO COMMEY WITH PROPERTY OF THE NEW LICENSE PERIOD MUST BE REPORTED WITHIN 10 DAYS. THE FAILURE TO COMMEY WITH PROPERTY OF THE NEW LICENSE PERIOD WITHIN 10 DAYS. THE FAILURE TO COMMEY WITH PROPERTY OF THE ALTON THE REPORT OF THE ALTON OF THE ALTON THE PROPERTY OF THE ALTON OF THE STATE UDUOR AUTHORITY IN ACTING UPON THIS APPLICATION. THIS CERTIFICATION MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT AND EACH MEMBER OF A PARTNERSHIP INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION. THE UNDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION. THE UNDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION. THE UNDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION. THE WAIT OF THE STATE UDUOR AUTHOR THE ALTON OF THE ALTON OF THE STATE OF THE	 If your premises are closed, 	state whether your license certificate is de	posited in safekeeping with	the Applicable
THIS CERTIFICATION MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT and EACH MEMBER of A PARTNERSHIP INDIVIDUAL APPLICANT AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION. THIS CERTIFICATION MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT and EACH MEMBER of A PARTNERSHIP INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION. THIS CERTIFICATION MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT and EACH MEMBER of A PARTNERSHIP INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION. The undersigned, each for himself, certifies that he is the applicant above named; that he knows the contents of the above application and the statements contained at no physical changes have been made to the licensed premises she there is susance of the complete date of the circumstance of the circumstance of the above application and the statements contained to the physical changes have been made to the licensed premises she the bits of the circumstance of the above application and the statements contained to the physical changes have been made to the licensed premises she the bits of the circumstance of the circum	APPLICANT LINDERSTANDS	THAT ANY CHANCE IN ANY OF THE ENGINE	POOTED HER	
THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION CORPORATE OFFICER COMPLETE THIS SECTION THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION THIS CERTIFICATION THIS SECTION TO BE undersigned, each for himself, certifies that he is the applicant above named, that he knows the contents of the above application and the statements contained and not provided the carried of the complete and will condition by the contents of the above application and the statements contained and not provided the complete and the complete and a complete and will condition by the contents of the above application and the statements contained and not provided the complete and the contents of the above application and the statements contained and not provided the complete and the contents of the above application and the statements contained and not provided the complete and the contents of the above application and the statements and answers in this contained the complete and the statements and answers in this contained the complete and the statements and answers in this contained the complete and the same force and effect as if all adoptional to the above application to make the statements and answers in this contained t	HE COMMENCEMENT OF THE NEW	LICENSE PERIOD MUST BE REPORTED TO THE	EPORTED HEREIN WHICH OO IE AUTHORITY IN WRITING B	CCURS BETWEEN THE SIGNING OF THIS APPLICATION AND
APPLICANT HEREBY AGREST THAT ANY APPLICATION FILED UNDER THE ALCOHOLIC BEVERAGE CONTROL LAW BY ANY PERSON HAVING ANY INTEREST, DIRECT IN MIDISTED STATE LEUDORS AND THE BUSINESS TO BE LICENSED. FOR ANY LICENSE OR PERMIT, SHALL BE DEEMED AND MADE A PART HEREOT AND RICHARD HIS APPLICATION. THIS CERTIFICATION MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT and EACH MEMBER of A PARTNERSHIP INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION. The undersigned, each for himself, certifies that he is the applicant above named; that he knows the contents of the above application and the statements contained at no physical changes have been made to the licensed premises since his suance of the original license, except three authorized by the State Liquor Authority and the operation of the statements made in the original application for this license and in any and algorithms for renewal therefore the understand of the property of the original license, except three authorized by the State Liquor Authority and the operation of the statements made in the original application for this license and in any and algorithms for renewal thereof are true and correct, except as different in a subsequent renewal applications or as otherwise reported to and acknowledged or approved by the Authority. Date	HE FOREGOING IS A GROUND FOR	THE THE COMMENCEMENT OF THE NEW LIC THE REVOCATION, CANCELLATION OR SUS	ENSE PERIOD MUST BE REI	PORTED WITHIN 10 DAYS. THE FAILURE TO COMPLY WITH
Date MANY IN A CORPORATION CORPORATE OFFICER COMPLETE THIS SECTION Own knowledge; that he has been authorized by order of the Board of Directors of said application roporation to make the statements and answers in this insulance of the original idense, except those authorized by the State Liquor Authority, and represents that all statements made in the original approach for forms sea and in any and all applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to Disapproved by the Authority. Date Approved DISAPPROVED DISAPPROVED DISAPPROVED DISAPPROVED DISAPPROVED DISAPPROVED Date This corporation and correct, except as an application are freewalt hereof are true and correct, except as modified in subsequent renewal applications or renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to Disapproved DISAPPROVED DISAPPROVED DISAPPROVED DISAPPROVED S.LA. BY	ne undersigned, each for himself, erein, that the same are true of his at no physical changes have beer and represents that all statements r	certifies that he is the applicant above names sown knowledge, that he has complied and n made to the licensed premises since the in made in the criginal application for this line	ed; that he knows the conte will continue to comply with ssuance of the original licer	ents of the above application and the statements contained n all conditions upon which the original license was issued nse, except those authorized by the State Liquor Authority
(Signature of licensee(s)) THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION CORPORATE OFFICER COMPLETE THIS SECTION Anchola Dictor certifies that he is (Fills of Corporate Officer) The above named applicant corporation; that he knows the contents of the above application and the statements and answers therein, that the same are true of own knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation to make the statements and answers in this divill continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since inse and in any and all applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to Dated Dated Dated Disapproved Disapproved Disapproved S.L.A. BY	odified in subsequent renewal ap	plications or as otherwise reported to and	acknowledged or approved	cations for renewal thereof are true and correct, except as by the Authority.
(Signature of licensee(s)) THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION CORPORATE OFFICER COMPLETE THIS SECTION The above named applicant corporation; that he knows the contents of the above application and the statements and answers therein, that the same are true of own knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation to make the statements and answers in this drawling continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since insuance of the original license, except those authorized by the State Liquor Authority; and represents that all statements made in the original applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to Dated Dated Dated Disapproved Disapproved S.L.A. By	~	Date_	INARCH /	2002
(Signature of licensee(s)) THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION CORPORATE OFFICER COMPLETE THIS SECTION The above named applicant corporation; that he knows the contents of the above application and the statements and answers therein, that the same are true of own knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation to make the statements and answers in this direction in behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers in this direction in behalf of said applicant corporation with the original license was issued; that no phical changes have been made to the licensed premises since inse and in any and all applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to acknowledged or approved by the Authority. Dated Dated Disapproved Disapproved S.L.A. By	7///		Dyker fr	27K HIL BAGELI Inc
THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION CORPORATE OFFICER COMPLETE THIS SECTION Consider Discontinuous and the statements and answers therein, that the same are true of own knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation to make the statements and answers in this dwill continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since in susuance of the original license, except those authorized by the State Liquor Authority; and represents that all statements made in the original applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to Dated Dated Disapproved DISAPPROVED DISAPPROVED DISAPPROVED New Composition (Finite of Corporato Officer)				
CORPORATE OFFICER COMPLETE THIS SECTION Control of the above named applicant corporation; that he knows the contents of the above application and the statements and answers therein, that the same are true of own knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation to make the statements and answers in this divilicontinue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since insection and any and all applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to acknowledged or approved by the Authority. Dated Disapproved Disapproved Disapproved S.L.A. BY	(Signature of licensee(s))		(nuuicaa)	(Home Phone)
CORPORATE OFFICER COMPLETE THIS SECTION Control of the above named applicant corporation; that he knows the contents of the above application and the statements and answers therein, that the same are true of cown knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation to make the statements and answers in this dwill continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since insection and any and all applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to acknowledged or approved by the Authority. Dated Disapproved Disapproved Disapproved S.L.A. BY		THIS CERTIFICATION TO BE SIGN	ED AND DATED BY A	4000
own knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation with the same force and effect as if said corporation with and answers in the same same are true of oblication in behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers in this of will continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since insurance of the original license, except those authorized by the State Liquor Authority; and represents that all statements made in the original application for this disconveledged or approved by the Authority. Dated Third of Approved Approved Disapproved S.L.A. By		THE SECTION TO BE SIGN	ED AND DATED BY A	CORPORATION
own knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation with the same force and effect as if said corporation with and answers in the same same are true of oblication in behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers in this of will continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since insurance of the original license, except those authorized by the State Liquor Authority; and represents that all statements made in the original application for this disconveledged or approved by the Authority. Dated Third of Approved Approved Disapproved S.L.A. By	1111	CORPORATE OFFICER	COMPLETE THIS SEC	TION
own knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation with the same force and effect as if said corporation with and answers in the same same are true of oblication in behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers in this of will continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since insurance of the original license, except those authorized by the State Liquor Authority; and represents that all statements made in the original application for this disconveledged or approved by the Authority. Dated Third of Approved Approved Disapproved S.L.A. By	" had to d	. C - Nicholas Dileo certifica	ies that he is	3
own knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation with the same force and effect as if said corporation with and answers in the same same are true of oblication in behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers in this of will continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since insurance of the original license, except those authorized by the State Liquor Authority; and represents that all statements made in the original application for this disconveledged or approved by the Authority. Dated Third of Approved Approved Disapproved S.L.A. By	the above named applicant corpo	ration; that he knows the contents of the al	20ve application and the et	(Title of Corporate Officer)
d will continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since rissuance of the original locense, except those authorized by the State Liquor Authority; and represents that all statements made in the original application for this rissuance of the original applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to dacknowledged or approved by the Authority. Dated	OWN knowledge: that he has he	en authorized by order of the Deard of the		atoments and answers therein, that the same are true of
Dated	d will continue to comply with all c	anditions upon which the existent live	us il said corporation made	such statements and answers itself; that it has complied
Dated	issuance of the original license, each and in any and all application	except those authorized by the State Liquor	Authority, and represents to	hat all statements made in the original application for this
(Signature of authorized officer) TE APPROVED DISAPPROVED S.L.A. BY	acknowledged or approved by t	he Authority.	except as modified in subs	sequent renewal applications or as otherwise reported to
(Signature of authorized officer) TE APPROVED DISAPPROVED S.L.A. BY				
(Signature of authorized officer) TE APPROVED DISAPPROVED S.L.A. BY		Detect	- Insent	18 200x
TE APPROVED DISAPPROVED S.L.A. BY		Dated	7	10 0000
TE APPROVED DISAPPROVED S.L.A. BY		7		
TE APPROVED DISAPPROVED S.L.A. BY	211.	62		
TE APPROVED DISAPPROVED S.L.A. BY	/Signature of authority			
DISAPPROVED S.L.A. BY	coignature of authorized of	micer)		
DISAPPROVED S.L.A. BY				
DISAPPROVED S.L.A. BY	TE ADDO	OVED		
	- APPR	DISAPP	ROVED	S.L.A. BY

STATE OF NEW YORK - LIQUOR AUTHORITY

(Renewal Application)

ADDRESS CHANGES OR CORRECTIONS: Note if address was changed by Post Office, City, Town, Village or 911 Emergency Systems, please submit notice of authorization from appropriate agency. Street address of premises to be licensed Post office address of premises (If different) City, town or village - Zip Code Telephone Number City, town or village - Zip Code (If different) Landlord Name Landlord Address If you answered yes to Question 1, on the reverse, complete the appropriate schedule "A" or "B". Use this schedule "A" to set forth details of arrests, summonses and/or convictions which have occurred since the signing of the application for the currently held license and have not been reported to the Authority or having been reported have not been acknowledged by the Authority. (If more space is needed, attach rider). Name of Defendant Connection with Business Date Disposition in (Licensee, employee, patron or other) Offense Each case Use this schedule, "B" to set forth details of any outstanding loans and/or such "changes" (other than arrests, etc.) which have not been reported to the Authority or having been reported, had not been acknowledged by the Authority. (See instruction forms. If more space is needed, attach rider). Nature of Change Date Details NOTIFICATION RIDER TO RENEWAL APPLICATION ON PREMISES LICENSEES ONLY MUST COMPLETE THIS SECTION NOTICE TO MUNICIPALITY/COMMUNITY BOARD You are required by the Alcoholic Beverage Control Law, Section 64, Subdivision 2a, upon receipt of a renewal application for a license to sell alcoholic beverages at retail for consumption on the premises, to promptly notify, in writing, the Clerk of the Village, Town or City wherein the premises are located of your application to the State Liquor Authority not less than thirty days prior to the submission of your application to the Authority. In the City of New York, such notification is to be sent to the community board with jurisdiction over the area in which the premises is located. Notification pursuant to this Section is to be sent by certified mail, return receipt requested. You must keep the certified mail receipt for your records. CERTIFICATION RIDER TO APPLICATIONS I hereby certify that I have complied with the requirements of Section 64, subdivision 2a of the Alcoholic Beverage Control Law, and have sent notification of my renewal application to become licensed, by certified mail, return receipt requested to the Clerk of the City, Town, Village (circle one) of , or, in New York City, the Clerk of Community Board # Borough of _ where the premises are located. Trade Name Address of Premises Signature License Number Date

You must keep the certified mail receipt for your records!

NOTE: FAILURE TO NOTIFY THE APPROPRIATE MUNICIPALITY OR COMMUNITY BOARD AT LEAST THIRTY (30) DAYS PRIOR TO THE SUBMISSION

OF YOUR APPLICATION OR RENEWAL MAY RESULT IN A DELAY IN PROCESSING YOUR APPLICATION.

STATE OF NEW YORK - LIQUOR AUTHORITY Renewal Application (Directions for Completion enclosed)

License fee Filing fee: Total fee di		330.00 30.00 360.00	236722	SPECIAL MAILING REQUE your license mailed to an licensed premises address: RECEIVED	address other than the
New effecti New expira	•	05/01/2005 04/30/2008			
	DYKER PARK HOT BAC	GELS INC			
	713 86TH STREET BROOKLYN, NY 11228				
	TREET BROOKLYN, NY	IAL#: 051KINGA004 11228	13905122		
Make sure all n changes on the	ames and address information is reverse side.	correct, if not make the ne	ecessary		
		ALL QUESTION	IS MUST BE ANSWERE	ED.	
	Any false answer or statement	made by the applicant co	onstitutes perjury and will subje	ect any license hereunder to rev	ocation.
which ha details of	anges in facts have occurred sinc we not been reported to and ackn changes in facts in the appropria ave occurred, check "NO".	owledged by the State Lic	uor Authority check "YES" and	set forth	2
	•			,	•
	ether said licensed business pres mit statement with explanation.	ently is regularly kept ope	n and operated by the licensee	e. 2. 🗹 🗆	_
If your pre	emises are closed, state whether	your license certificate is	deposited in safekeeping with t	the ∜ 3, □ 12/	Not Applicable ☐
CHANGE OF FAC FOREGOING IS A APPLICAN INDIRECT, EITHE	IT UNDERSTANDS THAT ANY CHAIMENT OF THE NEW LICENSE PERI MENT OF THE NEW LICENSE PERI ITS OCCURRING AFFER THE COMM I GROUND FOR THE REVOCATION, IT HEREBY AGREES THAT ANY APPE IT IN THE PREMISES OR IN THE I I THE STATE LIQUOR AUTHORITY!	OD MUST BE REPORTED TO IENCEMENT OF THE NEW L , CANCELLATION OR SUSP PLICATION FILED UNDER TH BUSINESS TO BE LICENSE	DTHE AUTHORITY IN WRITING B ICENSE PERIOD MUST BE REPO ENSION OF THE LICENSE. E ALCOHOLIC BEVERAGE CONTF ED. FOR ANY LICENSE OR PERI	BY CERTIFIED OR REGISTERED M PRIED WITHIN 10 DAYS. THE FAIL	AIL WITHIN 48 HOURS. ANY URE TO COMPLY WITH THE
The undersigner therein, that the that no physical represents that a	INDIVIDUAL APPLICAN d, each for himself, certifies that h same are true of his own knowled changes have been made to the li all statements made in the original anewal applications or as otherwise	e is the applicant above n ige, that he has complied censed premises since the application for this license	BER OF A PARTNERSHII amed; that he knows the conte and will continue to comply with e Issuance of the original licens and in any and all applications	P COMPLETE THIS SECTION Into of the above application and all conditions upon which the one, except those authorized by the stor renewal thereof are true and	ON. the statements contained riginal license was issued;
		Da	te monch 7	2005	
	0.1-		- 1		
(Signa	ature of licensee(s))		(Home Addre	988)	(Home Telephone)
coi N i Cho	RPORATE OFFICER OR CLI	JB ALCOHOLIC BEVI	_	OFFICER COMPLETE THI	S SECTION
of the above nar own knowledge; behalf of said ap to comply with al original license.	(Print Name of Corporate Officer) med applicant corporation; that he that he has been authorized by or plicant corporation with the same conditions upon which the origina except those authorized by the State or renewal thereof are true and corporations.	knows the contents of the der of the Board of Directo force and effect as if said o al license was issued; that the Lignor Authority; and re	above application and the states of said applicant corporation corporation made such statement ophysical changes have been such statements that all estatements are such statements.	(Print Title of Corporate of terments and answers therein, that to make the statements and answers itself; that it has an made to the licensed premises	at the same are true of his swers in this application in complied and will continue a since the issuance of the
			date march	7 2005	
Z	I.				
(Signa	ture of authorized officer)		(Home	Address and Home Telephone)	_
DATE Form#1016	APPROVED	Dis	APPROVED	S.L.A. BY	

SLA(Revised 03/04)

STATE OF NEW YORK - LIQUOR AUTHORITY (Renewal Application)

ADDRESS CHANGES OR CORRECTIONS, Note: 15.1	
ADDRESS CHANGES OR CORRECTIONS: Note if physical address of premises Emergency Systems, or 911 address reassignment, please submit notice of auth	Was changed by Post Office Ou -
among they systems, or 911 address reassignment, please submit notice of auth	Contraction (Contraction of Contraction of Contract
Emergency Systems, or 911 address reassignment, please submit notice of auth	ionization from appropriate agency.

Street address of premises to	11 address reassignm				
			Post office address of	of premises (If different)	
713 86	v +			•	
City, town or village - Zip Code	÷ 1	Telephone Number	City, town or village -	Zip Code (If different)	
Brooklyn Landlord Name	NY 7	18 836-63.		- P - P - P - P - P - P - P - P - P - P	
Landlord Name			Landlord Address (2)	(712 14	10.4.1
Onicholms D	hileo, John	DiLeu	015 Akner	6717 114 ct SI 1	ven VIII.
a. If you answered ye	es to Question 1, on the	ne reverse, comp	lete the appropriate so	chodulo "A" "D"	
Use this schedu	ule "A" to set forth de	etails of arrests, s	ummonses and/or cor		occurred since the sing been reported hav
been acknowledged by the Authority. (If more s Name of Defendant Connection with Busin (Licensee, employee, patron		ith Businese	Crime or Offense	Date	Disposition in Each case (submit copy)
					(эцрине сору)
forms. If more space	ce is needed, attach ri	etails of any outst r having been rep der).	anding loans and/or so orted, have not been a	uch "changes" (othe knowledged by the A	r than arrests, etc.) w Authority. (See instru
Nature o	of Change	D;	ate	Details	
•					
	NOTIFICAT	ION DIDED TO	RENEWAL APPLICA	TION	
		ION RIDER TO	CENTENTAL AFFLICA		
	ON PREMISES L	ICENSEES ON	Y MUST COMPLETE T	HIS SECTION	
are required by the Alcoholic Be	ON PREMISES L	ICENSEES ONI	Y MUST COMPLETE THE	HIS SECTION	
are required by the Alcoholic Be reages at retail for consumption of ication to the State Liquor Autho cation is to be sent to the comm prtifled mail, return receipt reque	ON PREMISES L NOTICE everage Control Law, Sect on the premises, to prompority not less than thirty day	ICENSES ONI TO MUNICIPALIT ion 64, Subdivision 2 thy notify, in writing, 1 s prior to the submis	Y/COMMUNITY BOAR a, upon receipt of a renew the Clerk of the Village, Too sion of your application to	IIS SECTION D al application for a licens	ie to sell alcoholic emises are located of you of New York, such o this Section is to be se
cation is to be sent to the commertified mail, return receipt reque	ON PREMISES L NOTICE everage Control Law, Sect on the premises, to prompority not less than thirty day nunity board with jurisdictic ested. You must keep the	ICENSES ONI TO MUNICIPALIT ion 64, Subdivision 2 tly notify, in writing, to so prior to the submis on over the area in we certified mail rece	Y/COMMUNITY BOAR a, upon receipt of a renew the Clerk of the Village, Tow sion of your application to nich the premises is located that the premises is contact	D al application for a licens on or City wherein the protect of the Authority. In the City of Notification pursuant to	emises are located of you of New York, such o this Section is to be se
cation is to be sent to the commertified mail, return receipt reques by certify that I have compiled wall application to become	ON PREMISES L NOTICE everage Control Law, Sect on the premises, to promp on the section that the premises of the control of the premises of the control of	TO MUNICIPALIT ion 64, Subdivision 2 thy notify, in writing, 1 sprior to the submiss on over the area in w certified mail rece RTIFICATION RIDER ection 64, subdivisio	Y/COMMUNITY BOAR a, upon receipt of a renew the Clerk of the Village, Tow sion of your application to nich the premises is located ipt for your records. TO APPLICATIONS	D al application for a licens wn or City wherein the printhe Authority. In the City d. Notification pursuant to	emises are located of you of New York, such o this Section is to be se
cation is to be sent to the commertified mail, return receipt requestions to be sent to the commertified mail, return receipt requestions complied to the complied was application to become licens New York City, the Clerk of Co	ON PREMISES L NOTICE everage Control Law, Sect on the premises, to promp on the section that the premises of the control of the premises of the control of	TO MUNICIPALIT ion 64, Subdivision 2 thy notify, in writing, 1 sprior to the submiss on over the area in w certified mail rece RTIFICATION RIDER ection 64, subdivisio	Y/COMMUNITY BOAR a, upon receipt of a renew the Clerk of the Village, Tow sion of your application to nich the premises is located ipt for your records. TO APPLICATIONS	D al application for a licens wn or City wherein the printhe Authority. In the City d. Notification pursuant to	emises are located of you of New York, such o this Section is to be se
cation is to be sent to the commertified mail, return receipt requestions to be sent to the commertified mail, return receipt requestions complied to the complied was application to become licens New York City, the Clerk of Co	ON PREMISES L NOTICE everage Control Law, Sect on the premises, to promp on the section that the premises of the control of the premises of the control of	TO MUNICIPALIT ion 64, Subdivision 2 thy notify, in writing, 1 sprior to the submiss on over the area in w certified mail rece RTIFICATION RIDER ection 64, subdivisio	Y/COMMUNITY BOAR a, upon receipt of a renew the Clerk of the Village, Tow sion of your application to nich the premises is located ipt for your records. TO APPLICATIONS	D al application for a licens wn or City wherein the printhe Authority. In the City d. Notification pursuant to	emises are located of you of New York, such o this Section is to be se
cation is to be sent to the commertified mail, return receipt requestighted mail, return receipt requestby certify that I have complied wall application to become licens New York City, the Clerk of Co	ON PREMISES L NOTICE everage Control Law, Sect on the premises, to promp on the section that the premises of the control of the premises of the control of	TO MUNICIPALIT ion 64, Subdivision 2 thy notify, in writing, 1 sprior to the submiss on over the area in w certified mail rece RTIFICATION RIDER ection 64, subdivisio	Y/COMMUNITY BOAR a, upon receipt of a renew the Clerk of the Village, Tow sion of your application to nich the premises is located ipt for your records. TO APPLICATIONS	D al application for a licens wn or City wherein the printhe Authority. In the City d. Notification pursuant to	emises are located of you of New York, such o this Section is to be se
cation is to be sent to the commertified mail, return receipt reque	ON PREMISES L NOTICE everage Control Law, Sect on the premises, to promp ority not less than thirty day nunity board with jurisdictic ested. You must keep the CER with the requirements of S sed, by certified mail, retu	TO MUNICIPALIT ion 64, Subdivision 2 thy notify, in writing, 1 sprior to the submiss on over the area in w certified mail rece RTIFICATION RIDER ection 64, subdivisio	Y/COMMUNITY BOAR a, upon receipt of a renew the Clerk of the Village, Tow sion of your application to nich the premises is located ipt for your records. TO APPLICATIONS	D al application for a licens wn or City wherein the printhe Authority. In the City d. Notification pursuant to	emises are located of you of New York, such o this Section is to be se

You must keep the certified mail receipt for your records!

Form #1016 SLA (Revised 03/04)

STATE OF NEW YORK - LIQUOR AUTHORITY (Directions for Completion enclosed) Renewal Application SPECIAL MAILING REQUEST: Complete if you want your license mailed to an address other than the License fee: 330.00 licensed premises address: Filing fee: 30:00 Total fee due: 360.00 RECEIVED FEB 2 8 2008 New effective date: 05/01/2008 New expiration date: 04/30/2011 DYKER PARK HOT BAGELS INC 358807 **713 86TH STREET** BROOKLYN, NY 11228 NEW SERIAL#: 1006815 OLD SERIAL#: 081KINGA0043905122 713 86TH STREET BROOKLYN, NY 11228 (Premise address) Make sure all names and address information is correct, if not make the necessary changes on the reverse side. ALL QUESTIONS MUST BE ANSWERED. Any false answer or statement made by the applicant constitutes perjury and will subject any license hereunder to revocation. If any changes in facts have occurred since the signing of the application for your currently held license which have not been reported to and acknowledged by the State Liquor Authority check "YES" and set forth details of changes in facts in the appropriate schedules A and/or B on the reverse side. If no changes YES NO Ø in facts have occurred, check "NO". 1. State whether said licensed business presently is regularly kept open and operated by the licensee. 2. If no, submit statement with explanation. Not Applicable 1 If your premises are closed, state whether your license certificate is deposited in safekeeping with the appropriate zone office of the NYS Liquor Authority. APPLICANT UNDERSTANDS THAT ANY CHANGE IN ANY OF THE FACTS REPORTED HEREIN WHICH OCCURS BETWEEN THE SIGNING OF THIS APPLICATION AND THE COMMENCEMENT OF THE NEW LICENSE PERIOD MUST BE REPORTED TO THE AUTHORITY IN WRITING BY CERTIFIED OR REGISTERED MAIL WITHIN 48 HOURS. ANY CHANGE OF FACTS OCCURRING AFTER THE COMMENCEMENT OF THE NEW LICENSE PERIOD MUST BE REPORTED WITHIN 10 DAYS. THE FAILURE TO COMPLY WITH THE FOREGOING IS A GROUND FOR THE REVOCATION, CANCELLATION OR SUSPENSION OF THE LICENSE. THIS CERTIFICATION MUST BE SIGNED and DATED by INDIVIDUAL APPLICANT and EACH MEMBER of A PARTNERSHIP INDIVIDUAL APPLICANTS AND EACH MEMBER OF A PARTNERSHIP COMPLETE THIS SECTION. The undersigned, each for himself, certifies that he is the applicant above named; that he knows the contents of the above application and the statements contained therein, that the same are true of his own knowledge, that he has complied and will continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since the issuance of the original license, except those authorized by the State Liquor Authority, and represents that all statements made in the original application for this license and in any and all applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to and acknowledged or approved by the Authority. Wichilas Diln (Print name of licensee(s)) michal Peu (Signature of licensee(s)) THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION OR A CLUB CORPORATE OFFICER OR CLUB ALCOHOLIC BEVERAGE CONTROL (ARC) OFFICER COMPLETE THIS SECTION certifies that he is (Print Title of Corporate Officer) of the above named applicant corporation; that he knows the contents of the above application and the statements and answers therein, that the same are true of his own knowledge; that he has been authorized by order of the Board of Directors of said applicant corporation to make the statements and answers in this application in behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers itself; that it has complied and will continue to comply with all conditions upon which the original license was issued; that no physical changes have been made to the licensed premises since the issuance of the original license, except those authorized by the State Liquor Authority; and represents that all statements made in the original application for this license and in any and all applications for renewal thereof are true and correct, except as modified in subsequent renewal applications or as otherwise reported to and acknowledged or approved by the Authority.

(Home Address and Home Telephone)

Form#1016 SLA(Revised 04/07)

(Signature of authorized officer)

STATE OF NEW YORK - LIQUOR AUTHORITY (Renewal Application)

ADDRESS CHANGES OR CORRECTIONS: Note if physical address of premises was changed by Post Office, City, Town, Village, 911

Street address of premises to be l	licensed			Post of	fice address of prem	nises (If different)		
City, town or village - Zip Code		Telephone N	umber	City, to	wn or village - Zip C	ode (If different)		
Landlord Name				Landlord Address				
a. If you answered yes	to Question 1, or	n the reverse	, comple	te the a	propriate sched	ule "A" or "B".		
	the currently he	ld license an	id have n	ot been	reported to the A	uthority or having	ccurred since the signir g been reported have n	
Name of Defendant Connection (Licensee, emp		n with Busines byee, patron or			Crime or Offense	Date	Disposition in Each case (submit copy)	
		· · · · · · · · · · · · · · · · · · ·						
	ed to the Authori	ty or having b					than arrests, etc.) whic uthority. (See instruction	
Nature of			Da	te Details				
	NOTIFI	CATION RII	DER TO	RENEV	/AL APPLICATI	ON		
	ON DDEMIS	ES I ICENS	EES ON	I V Muse	T COMPLETE THIS	SECTION	· ·	
•					MUNITY BOARD	SECTION		
ou are required by the Alcoholic Be tail for consumption on the premis tate Liquor Authority <u>NOT LESS Th</u> bification is to be sent to the commertified mail, return receipt reque	es, to promptly notify IAN THIRTY DAYS i unity board with juris	r, in writing, the P PRIOR TO THE diction over the	Clerk of the SUBMISS area in who	Village, ION OF Y ich the pre	own or City, wherein OUR APPLICATION mise is located. No	the premises are loc TO THE AUTHORITY tification pursuant to	ated, of your application to the control of the City of New York, such this Section is to be sent t	
		ACCEPTA	ABLE PRO	OF CONS	ISTS OF:	•		
A copy of the letter sent t The original or a copy of							ceipt.	
		CERTIFICAT	TION RIDE	R TO APF	PLICATIONS			
ereby certify that I have complied very plication to become licensed, by conversely of Communication (City, the Clerk of Communication)	ertified mail, return	receipt reques	sted to the	Clerk of th	e (CIRCLE ONE) Ci	ty, Town, Village of	OF	
ade Name								
•	•				•			
ddress of Premises							· v	
gnature		Now	Serial Numb	or 125 to	,	Date		

RENEWAL

Please complete all of the fields provided in the form. If the field does not apply to your renewal, please write NA in the field. If the Trade Name has changed since the last renewal filing you must also include a filing receipt or a certificate of assumed name with the renewal application. Other changes noted on the renewal application do not constitute proper notification to the Authority, nor does the approval of the renewal application constitute approval of any changes listed in the renewal, other than the Trade Name change.

1. Licensed Premises Information

Licensed F	Premises Name:	Dyker Park Hot E		License Serial #: 1006815						
Trade Nan	ne (if applicable):						Effectiv	e Date:	5/01/2008	
Federal Er	nployer Identifica	tion Number:					Expirat	ion Date:	4/30/2011	
Certificate	of Authority Num	nber:								
If you hold	l an on-premises li	icense, please sele	ct the me	thod of operation	on from the f	ollowin	ng list:			
	○B	ar/Tavern	○ Caba	ret 🔘	Cafe	○ Cat	tering Establ	lishment	O DEL	<u>-</u> Ì
	000	llub (i.e., Fraternal	Org) (OHotel ON	light Club	OPizz	eria OR	estaurant		
license th	st any condition(s nat were agreed t on your license	o with the local N	/lunicipali	ty/ Community	Board	/				
	of the License									
	ress has been cha om the local Munic						nge such as	notificatio	n of the 911	address
Licensed	Premises Address:	713 86th Street								
City:	Brooklyn		State:	New York		Z	ip Code:	11228		
County:	Kings		Email A	Address:	Ndileo	713@a	ol.com			
Premises	Telephone # (inclu	ıde area code):	(718)	836-6336	Contact Pho	one # (i	nclude area	code):	(646) 53	33-1865
<u>Mailing</u>	Address (if dif	ferent than pr	<u>emises a</u>	<u>address)</u>						
Mailing A	ddress:									
City:			State:		11	Z	(ip Code:			
ls your lice	ensed premises clo	osed? O YES) NO							
If yes, is yo	our license in safel	eeping with the l	New York	State Liquor Aut	hority? \(\tag{Y}	ES (ОиО			
<u>Landlor</u>	d Name and A	<u>ddress</u>								
Landlord	Name: Nicholas	Dileo								
Address:	15 Arbor	Court								
City:	Staten Island		State:	New York		z	ip Code:	10301		

Partner Signature

	on Information			
loyee of the applicant, eve	er been ARRESTED and/or CO	ONVICTED (inclu	n) any of the officers, o Iding pleas of guilty o	lirectors, stockholders, or any agent or r suspended sentences) of any felony
other crime or offense of a	ny kind except minor traffic	violations?	○ YES ○ N	NO Previously Reported
	w and where applicable, subn bilities from the Court Clerk t			position, Certificate of Conviction or
	and the state of t	ior caon cace. II	noocoodiy, attaon ada	nonai sileets.
Name of the Defendant	Connection with Licensed Premise (licensee, officer, employee)	Date of Offense	Nature of the arrest and/or conviction	Disposition
Michael Persico	Owner	3/08/10	DUI	Case Pending
Applicant lufe		.:::::::::::::::::::::::::::::::::::::		
Application into	rmation and Cert	uncation		
cianatura balau cartifi	or that I know the conton	te of this ann	lication and the sta	towants contained therein, that
				tements contained therein; that
e are true of my own K	nowleage; and that I am (authorized to	avacuta this anniic	
	-			_
•	-			_
•	-			_
the conditions.	ead the terms and condit	ions included	with this applicatio	ation and sign this certification. In for the renewal and agree to co
n the conditions. A. Individual Applic	ead the terms and condit ant (This section must be c	ions included ompleted, sign	with this application	n for the renewal and agree to co
n the conditions. A. Individual Applic	ead the terms and condit ant (This section must be c	ions included	with this application	n for the renewal and agree to co
A. Individual Applic	ant (This section must be c	ions included ompleted, sign	with this application	n for the renewal and agree to co
A. Individual Applic	ant (This section must be c	ompleted, sign	with this application	n for the renewal and agree to co
A. Individual Applic Print Name: Residence street address:	ant (This section must be c	ompleted, sign e of Birth:	ed and dated by the i	n for the renewal and agree to condividual applicant.) ial Security #:
the conditions. A. Individual Applic Print Name: Residence street address: City:	ant (This section must be c	ompleted, sign e of Birth:	ed and dated by the in Soc	n for the renewal and agree to condividual applicant.) ial Security #:
A. Individual Applic Print Name: Residence street address: City:	ant (This section must be c	ompleted, sign e of Birth:	ed and dated by the in Soc	n for the renewal and agree to condividual applicant.) ial Security #:
h the conditions. A. Individual Applic Print Name: Residence street address: City: Telephone # (include area Signature	ant (This section must be conditional particular partic	ompleted, sign e of Birth: Z Cell	ed and dated by the in Social Social Social Phone # (include area	ndividual applicant.) ial Security #:
h the conditions. A. Individual Applic Print Name: Residence street address: City: Telephone # (include area Signature B. Partnership (This:	ant (This section must be completed,	ompleted, sign e of Birth: Z Cell Title	ed and dated by the in Social Social Social Phone # (include area sed by each partner.)	ndividual applicant.) ial Security #: a code):
n the conditions. A. Individual Applic Print Name: Residence street address: City: Telephone # (include area Signature B. Partnership (This	ant (This section must be completed,	ompleted, sign e of Birth: Z Cell	ed and dated by the in Social Social Social Phone # (include area sed by each partner.)	ndividual applicant.) ial Security #:
h the conditions. A. Individual Applic Print Name: Residence street address: City: Telephone # (include area Signature	ead the terms and condit ant (This section must be completed, Date of the completed, Date of the completed, Date of the completed,	ompleted, sign e of Birth: Z Cell Title	ed and dated by the in Social Social Social Phone # (include area sed by each partner.)	ndividual applicant.) ial Security #: a code):
n the conditions. A. Individual Applic Print Name: Residence street address: City: Telephone # (include area Signature B. Partnership (This: Print Name:	ead the terms and condit ant (This section must be completed, Date of the completed, Date of the completed, Date of the completed,	completed, sign te of Birth: Title signed and data te of Birth:	ed and dated by the in Social Social Social Phone # (include area sed by each partner.)	ndividual applicant.) ial Security #: a code):

Date

Title

RENEWAL

B. Partnership (Continued -attach additional sheets if necessary)

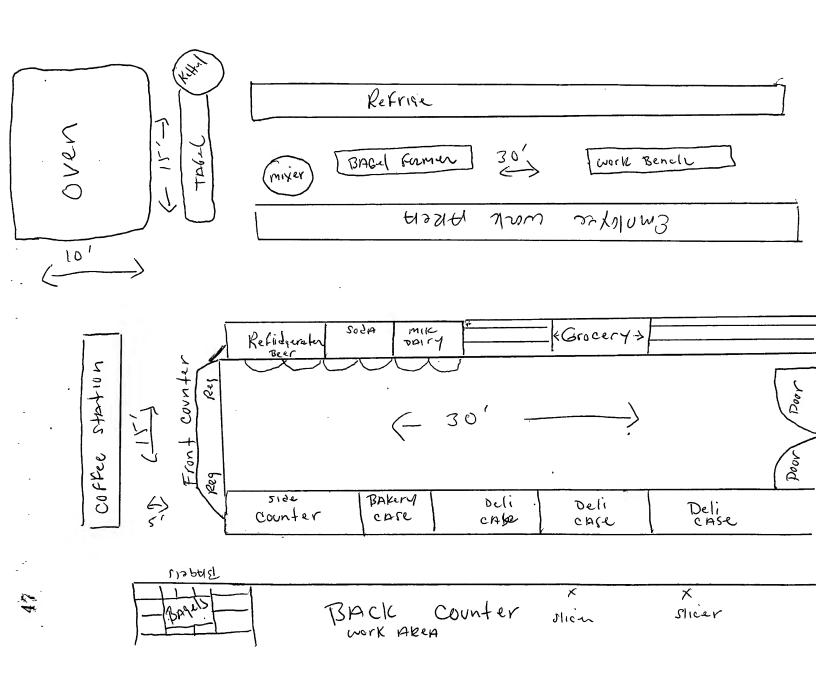
Print Name:		Date o	of Birth:			ocial Securi	ty #:	
Residence st	reet address:							
City:		State:		Zip Code:	1.2.			
Telephone #	(include area code):			Cell Phone # (ir	nclude a	rea code):		
							·	
Partner Signa	ature		Title	•••••••••••		•	Date	
	ation, LLC or LLP (TI cipal should be the prime			ted, signed and	d dated	by an autho	orized officer.	
Print Name:	Nicholas DiLeo	Date o	of Birth:					
Residence st	reet address:							
City:								
Title:	President							
Telephone #	(include area code):							
Authorized S	ignature		Title				Date	
	all other principals			icense in the	space	below.		
Print Name:	John DiLeo		of Birth:					
Residence st	reet address:			L				
City:								
	Partner	\bar{\bar{\bar{\bar{\bar{\bar{\bar{						
Title:							-	
Telephone #	(include area code):						L.,	
Print Name:	Michael Persico	Date	of Birth:					
Residence st	reet address:							
City:								
Title:	Partner	Y						
Telephone #	(include area code):						The state of the s	

RENEWAL

List of other principals continued (Attach additional pages as needed to include all principals)

Print Name:			Date of Birth:		Social Security	y #:
Residence str	reet address:					
City:		St	ate:	Zip Code:		
Title:		E	The state of the s			
Telephone #	(include area	code):		Cell Phone # (inclu	de area code):	
Print Name:			Date of Birth:		Social Security	y #:
Residence str	reet address:					
City:		St	ate:	Zip Code:		
Title:						
Telephone #	(include area c	code):		Cell Phone # (inclu	de area code):	
D. Club (τ	his section mu	ıst be completed. sic	ned and dated i	ov the Authorized Cl	lub Alcoholic Bes	verage Control (ABC) Officer.)
Print Name:			Date of Birth:		Social Securit	
Residence st	reet address:					
City:		Sı	tate:	Zip Code:		
Title:						
Telephone #	(include area o	code):		Cell Phone # (inclu	de area code):	
Authorized	I Signature	·	Titl	e		Date

If there have been any changes to the principals of the license, any physical changes to the establishment or changes to the approved method of operation you must file the appropriate change application that can be found on our website at: www.abc.state.ny.us. You must receive approval from the Authority before making any such changes.



Telephone # (include area code):

ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL

1. Licensed Premises Information Is your licensed premises closed? \bigcirc YES If yes, is your license in safekeeping with the Authority? O YES ONO If yes, do you wish for your license to remain in Safekeeping at Renewal? \bigcirc YES If yes to any of the above, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open. Please be aware that licenses cannot remain in Safekeeping for an indefinite period of time. Licensed Premises Name: Dyker Park Hot Bageli Fre. License Serial #: Trade Name (if applicable): Dylon Park Het Dagali Federal Employer Identification Number: 1a. Method of Operation: The following questions must be answered by all On-Premises license holders, including beer, beer & wine, or beer, wine & liquor Section 109 of the ABC Law requires a statement to be submitted indicating the type of establishment operated at the premises. If you hold an on-premises license, please select the method of operation from the following list: Restaurant Catering Establishment Club (i.e., Fraternal Org) Hotel Bed & Breakfast ○ Ball Park/Stadium/Arena ()Bar/Tavern Sports Bar ○ Cabaret Hight Club/Dance Club Country Club/ Golf Course If dancing is permitted at the premises, who is be permitted to dance? Patrons Employees for entertainment Both If dancing is permitted, is there exotic dancing including, but not limited to, pole dancing and/or lap dancing? YES \bigcirc NO Is there topless entertainment at the premises? Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary. 1b. Address of the Licensed Premises If your address has been changed as a result of a 911 change, please provide proof of the change such as notification of the 911 address change from the local Municipality/Community Board. Licensed Premises Address: City: State: Zip Code: County: Email Address: Premises Telephone # (include area code): Contact Phone # (include area code): Mailing Address (if different than premises address) Mailing Address: City: State: Zip Code:

ord Name: Nuch	olas Dilec			
ess:	Arma Court			
Statu Is	State:	nen 4	uu Zip Code	: [1020]
ne applicant or (if partn : or employee of the ap	on Information ership) any of the partners, plicant, been ARRESTED and	a/or CONVIC	TED during this renewal	noriod (including along af
	felony or of any other crim YES NO	O Previo	usly Reported	
i, complete the chart be ffrom Disabilities from	YES NO	Previo	usly Reported	to of Consisting and Const
i, complete the chart be ffrom Disabilities from	YES NO Now. Submit a Police Repore The Court Clerk for each cas	Previo	usly Reported	to of Consisting and Const
i, complete the chart be f from Disabilities from court appearance. If ne	YES NO Now. Submit a Police Report the Court Clerk for each cast cassary, attach additional states. Connection with Licensed Premise	Previous t, Certificate e. If the char heets. Date of	of Disposition, Certificating (s) are not complete s Nature of the arrest	te of Conviction or a Certifi ubmit documentation sho
i, complete the chart be f from Disabilities from court appearance. If ne	YES NO Now. Submit a Police Report the Court Clerk for each cast cassary, attach additional states. Connection with Licensed Premise	Previous t, Certificate e. If the char heets. Date of	of Disposition, Certificating (s) are not complete s Nature of the arrest	te of Conviction or a Certifi ubmit documentation sho

3. Applicant Information and Certification

The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

A. Sole Proprietor (This section must be completed, signed and dated by the sole proprietor.)

Print Name:	Date of Birth:	Social Security #:
Residence street address:		
City:	State: Zip Co	de:
Telephone # (include area code):	Cell Ph	none # (include area code):
Signature	Title	Date

B. Partnership (This section must be completed, signed and dated by each partner.)
Attach additional sheets if necessary

Print Name:	Wicholas	Dile	Date of Birth:			
Residence stre	et address:					
City:						
Telephone # (ir	nclude area code):					. 1 . 1 COG
Partner Signa	ature Z		Title	Pors		Date 4/11/19
Print Name:	Julia Di	les	Date of Birth:			7
Residence stree	et address:					
Eity:						
elephone # (ind	clude area code):		Ce	ll Phone # (include ar	rea code):	
artner Signatui	re Alla		Title (ica rver	Date	4/11/19

C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer. This principal should be the primary point of contact.)

Print Name:	witholos	Dile.	Date of Birth:		
Residence stree	et address:	-			7
City:					
Title:	PILI				
Telephone # (ir	nclude area cod	e):			
Authorized Sign	nature (2 2	Title	Paul	Date 4/11/14

C. - Continued - All remaining Principals on the license must be listed below. (Attach additional sheets as needed to include all principals) Print Name: Julia Date of Birth: Dilie Social Security #: Residence street address: City: Title: Telephone # (include area code): Print Name: michael Places. Date of Birth: Residence street address: City: State: Zip Code: will Remove by exprark change Title: Telephone # (include area code): Cell Phone # (include area code): Print Name: Date of Birth: Social Security #: Residence street address: City: State: Zip Code: Title: Telephone # (include area code): Cell Phone # (include area code): Print Name: Date of Birth: Social Security #: Residence street address: City: State: Zip Code: Title: Telephone # (include area code): Cell Phone # (include area code):

D. Club (This section must be completed, signed and dated by the Club Alcoholic Beverage Control (ABC) Officer who has been approved by the State Liquor Authority.)

		··· · ,
Print Name:	Date of Birth:	Social Security #:
Residence street address:		
City:	State: Zip Coo	de:
Title:		
Telephone # (include area code):	Cell Phon	e # (include area code):
Authorized Signature	Title	Date

State of New York Liquor Authority

APPLICATION FOR APPROVAL OF CORPORATE CHANGE

This form is to be used by a corporate licensee to apply for permission to make a corporate change involving (1) change of officers or directors, LLC Members, etc., or (2) where there are fewer than 10 stockholders, any change in stock-holdings, or (3) where there are 10 or more stockholders, any change involving 10% or more of the stock or any change in stock-holdings which would increase the holdings of any one stockholder to 10% or more of the stock.

Such change cannot become effective under the Alcoholic Beverage Control Law until permission has been granted by the State Liquor Authority.

Therefore, it is recommended that any change be made conditional upon approval by the State Liquor Authority.

Section A									
Serial Number	1006815	Coun	ty Ki	ngs		Telephone	# 718-8	36-6336	
Full Name of Li	icensee as listed o	on the License	Dyk	er Park Ho	Bagels Inc				
Trade Name (D	BA) as listed on t	he License Cer	tificate						
Complete Addre	ess of Licensed Pr	remises includi	ng Zip	713 86th	Street, Brook	lyn, New York 1	1228		
Post Office/Mai	iling Address, if d	lifferent than pr	emises						
FEIN#		-						٠	
Name of Contac		and Street, 2nd F	loor		• Attorn	ney 🔘 R	epresentati	ve	○ Contact
City Rockawa		1	State	New Yor			Zip Code	11694	
Telephone Num E-mail Address	nber of Office (Inc. (if available)	marypflynn@hot	-/	18-945-1000 om)			RE	CEIVED
	ed Notice of Appear	rance						NY State	Liquor Authority
Section B		Chang	e Req	uested: Ch	eck all that o			APR :	2 2 2014
☐ New sto	ockholding(s)/stoo	ckholder(s).			The remo	oval of officer(s)/director(Licensin (s)/member	io Byreau
☐ Appoin	tment of new offi	cer(s)/director(s)/men	nber(s).	Death of	officer(s)/direct	ctor(s)/mer	nber(s)/st	ockholder(s).
1. How was the	e interest acquired	l in the Corpora	tion/L	LC? Cont	ract of Sale				
2. Are there any corporation/LLC	y other licenses he C? If yes, list all	eld in New Yor serial numbers	k unde	er this No					

Identification of Individuals

Part 1. List below the names of all LLC members/managers, officers, directors and individual stockholders, that are <u>currently licensed</u> to hold an interest in the subject license, <u>attach additional sheets if necessary</u>. <u>(Current Approved Corporate Set-Up)</u>

Name	Current Title(s)	Current % of Interest	Current Number of Share
Nicholas DiLeo	Treasurer	20 shares	
John DiLeo	Secretary		20 shares
Michael Persico	President		20 shares
art 2. List below the names of ave an interest in the subject li	all LLC members/managers, officers, cense upon approval of this corporate	directors and individual change, attach additional	stockholders, who will I sheets if necessary:
Ivaine	all LLC members/managers, officers, cense upon approval of this corporate Proposed Title(s)	directors and individual change, attach additional	Troposed # of Sugres II New
art 2. List below the names of ave an interest in the subject li Proposed Corporate Set-Up) Name Nicholas DiLeo	all LLC members/managers, officers, cense upon approval of this corporate Proposed Title(s) President	directors and individual change, attach additional	Proposed # of Shares
Nicholas DiLeo	Proposed Title(s)	directors and individual change, attach additional Proposed % of Interest	Troposed # of Sugres II New
Nicholas DiLeo	President	directors and individual change, attach additional	30 shares
Nicholas DiLeo	President	Proposed % of Interest	30 shares
Ivaine	President	Proposed % of Interest	30 shares 30 shares

All parties listed in Part 2 and are NEW to the corporation/LLC must complete a Personal Questionnaire as well as submit an original color photo, photo ID and proof of citizenship for themselves. The forms are available for download on our web site at: www.sla.ny.gov

ALL APPLICANT PRINCIPALS WILL BE REQUIRED TO BE FINGERPRINTED ELECTRONICALLY

NOTE: Persons CURRENTLY licensed by the State Liquor Authority do not have to be fingerprinted.

Each applicant principal that is required to be fingerprinted will be instructed to do so on the application Filing Receipt once the application is received by the Authority.

Each applicant principal required to be fingerprinted must follow the fingerprinting instructions which are available on the Filing Receipt or on our website, www.sla.ny.gov.

Each new principal is bound by the Method of Operation previously approved by the NYS Liquor Authority.

Note: For any of the above, if financing is involved, please supply copies of contracts, agreements or any other legal document and financial statements showing the availability of the funds.

Print Form

Section D

The licensee represents that there have been no changes other than those set forth herein, in any of the facts required to be set forth in the application for license, and agrees that any application filed by it or by any of its officers, directors or stockholders, for any license or permit under the Alcoholic Beverage Control Law, and the occupation record submitted herewith, shall be deemed and made a part hereof and considered by the Authority in acting upon this Application for Approval of Corporate Change.

I/We, the Applicant(s) also certify that all papers filed in support of this application or any application filed under the Alcoholic Beverage Control Law by any person having an interest, direct or indirect, either in the business to be licensed or any license or permit shall be deemed a part hereof and considered by the State Liquor Authority in acting upon this application.

I/We understand that the information I/we submit will be relied on by the State Liquor Authority in acting on this application. I/ we understand that any false statements or misrepresentations shall constitute sufficient cause for the disapproval of the applications and/or revocation, cancellation or non-renewal of any license which is issued or affected as a result of such application.

I/We verify that all of the above statements are true. If any of the above information changes prior to receipt of the license or approval of the corporate change, I/we will notify the Authority by registered or certified mail within 48 hours. If any changes occur after the issuance of the license or approval applied for, I/we understand that failure to give the required notice may constitute a violation of Section 110 of the Alcoholic Beverage Control Law and/or Rule 36.1(j) of the State Liquor Authority and will result in proceedings to revoke, cancel or suspend such license.

I/We, the Applicant(s) certify that there are no financial transactions involved concerning the license applied for EXCEPT as described herein.

Michael Persico	certifies that he is	Precident	
(Print Name)	٦	(Title)	,
of the above named licensee; that he knows the consame are true of his own knowledge that he has bee statements and answers therein in behalf of said lice and answers itself.	en authorized by order of the	e Board of Directors of said licensee to make the	,
3/25/14 Dated	Tur.	ignature of Currently Authorized Officer)	
Nicholas Diceo (Print Name)	certifies that he is to be	President (Title)	
of the above named licensee; that he knows the corsaine are true of his own knowledge.	ntents of the above applicati	ion and the statements and answers therein; that	the
Dated	* (S	Signature of Proposed Authorized Officer)	
OFFICE USE ONLY:			

License Board Member

Dated

Approved or Disapproved

State of New York Liquor Authority

Use this Form for changes in the corporate set up caused by:

- 1. Appointment of new officer(s)/director(s)/member(s).
- 2. New stock-holdings or stockholder(s).
- 3. The removal of officer(s)/director(s)/member(s)/stockholder(s).
- 4. Death of officer(s)/director(s)/member(s)/stockholder(s).

DO NOT USE THIS FORM:

- 1. As an application to change the type of license you currently hold. (Class Change Application)
- 2. As an application to remove your licensed business to a new location. (Removal Application)
- 3. As an application to appoint a new ABC Officer. (ABC Officer Application)
- As an application to change from a Partnership to a Corporation/LLC or from a Corporation/LLC to a Partnership. (New Application)
- 5. As an application to reflect the death of a Licensee (individual or partner). (Endorsement Application)
- 6. As an application to reflect court appointments of representative. (Endorsement Application)
- 7. As an application to reflect the dissolution of Partnership or Addition of Partner. (Endorsement Application)
- 8. As an application to reflect name changes due to Marriage or Divorce. (Endorsement Application)
- 9. As an application to change from a Sole Proprietorship to a Corporation/LLC. (Endorsement Application)

The application for Approval of Corporate Change must be completed and accompanied by the appropriate documentation as listed in the instructions portion below as well as a check or money order in the amount of \$128, payable to the New York State Liquor Authority.

(The Law does not provide for any refund of corporate change fees.)

Mail application to: New York State Liquor Authority, Church Street Station, PO Box 3817, New York, NY 10008-3817.

INSTRUCTIONS:

- 1) Submit a certified check, bank check, money order, or personal check payable to the New York State Liquor Authority for the amount of \$128.
- 2) Complete ALL sections of the application.
- 3) In Section B, indicate the change requested.
- 4) In Section C, list all officers, directors, LLC Members, LLC Managers, stockholders, etc. as indicated in such section.
- 5) In Section D, read the contents thoroughly; both the currently authorized principal and the proposed authorized principal must sign and date this section.

ALL Corporate Change applications must be accompanied by the following documentation:

- 1) Agreement of Purchase & Sale if change in stock-holdings and/or Corporate Minutes showing the appointment/change of any officer and/or director, and/or stockholder and/or LLC Member/Manager.
- 2) If there was a Death of an officer/director/member/stockholder, submit a copy of the Death Certificate as well as any Letters of Testamentary/Administration and Last Will & Testament, if available.
- 3) A Personal Questionnaire must be submitted for each new person who is to be an officer and/or director, and/or stockholder and/or LLC Member/Manager as well as proof of citizenship, photo ID and a recent original color photo as well as fingerprint submission. (See the bottom of Application Page 2; Forms are available for download on our website: www.sla.ny.gov).
- 4) Completed Applicant's Statement for each new principal.
- Statement of Finances (Form 180-021B) if change in stock-holdings. List assets pertaining to new investment and new investors.
- 6) Proof of Finances as stated in Form 180-021B.
- 7) Pursuant to Section 110-b, if the applicant is located within the City of New York and licensed pursuant to Section 55, 55a, 64, 64a, 64c, 64d, 81 or 81a (*on-premise licensees*), an applicant shall notify the community board in which the premises is located of such applicant's intent to file an application for approval of a *substantial corporate change*.*

^{*&#}x27;Substantial corporate change' means a change in eighty percent (80%) or more of the officers and/or directors, LLC Managers/Members, stockholders, or an existing stockholder or member obtaining a cumulative of eighty percent (80%) or more of the stock of a corporation or ownership interest in said company. Such notification shall be on a standardized form from the Liquor Authority and be made by: certified mail, return receipt requested; overnight delivery service with proof of mailing; or personal service upon the offices of the community board not less than thirty days before filing any such application.



ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL

1. Licensed Premises Information Is your licensed premises closed? O YES NO If yes, is your license in safekeeping with the Authority? YES If yes, do you wish for your license to remain in Safekeeping at Renewal? YES NO If yes to any of the above, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open. Please be aware that licenses cannot remain in Safekeeping for an indefinite period of time. License Serial #: Licensed Premises Name: Dyker Park Hot Brade Fuc. Dylan Park Hot Dayah Trade Name (if applicable): Federal Employer Identification Number: 1a. Method of Operation: The following questions must be answered by all On-Premises license holders, including beer, beer & wine, or beer, wine & liquor Section 109 of the ABC Law requires a statement to be submitted indicating the type of establishment operated at the premises. If you hold an on-premises license, please select the method of operation from the following list: Club (i.e., Fraternal Org) OHotel OBed & Breakfast OBall Park/Stadium/Arena Catering Establishment Restaurant Night Club/Dance Club Adult Entertainment Country Club/ Golf Course ○Bar/Tavern ○Sports Bar ()Cabaret If dancing is permitted at the premises, who is be permitted to dance? Patrons Employees for entertainment Both If dancing is permitted, is there exotic dancing including, but not limited to, pole dancing and/or lap dancing? O YES Is there topless entertainment at the premises? O YES ONO Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary. 1b. Address of the Licensed Premises If your address has been changed as a result of a 911 change, please provide proof of the change such as notification of the 911 address change from the local Municipality/Community Board. Licensed Premises Address: Zip Code: City: State: **Email Address:** County: Premises Telephone # (include area code): Contact Phone # (include area code): Mailing Address (if different than premises address) Mailing Address: Zip Code: State: City:

Statu I	Africa Court Isaal State: 1	ven 4	nu Zip Ci	ode: [020]	
ne applicant or (if parti or employee of the ap inded sentences) of an , complete the chart be from Disabilities from	ion Information nership) any of the partners, plicant, been ARRESTED and y felony or of any other crim YES NO plow. Submit a Police Report the Court Clerk for each case	d/or CONVIC e or offense Previou t, Certificate e. If the chai	TED during this rene of any kind except m Isly Reported of Disposition, Certi	wal period (including pleas inor traffic violations? ficate of Conviction or a Ce	of guil
Name of the Defendant	Connection with Licensed	Date of Offense	Nature of the arrest and/or conviction	Disposition	
				2	
ignature below certific are true of my own kn er certify that I have re the conditions.	ermation and Cert es that I know the contents of contents of contents of contents and that I am authors and the terms and conditions of this section must be contents.	f this applica orized to exe included wi	tion and the stateme cute this application th this application fo	and sign this certification r the renewal and agree to	. 1
Print Name:	Da				
Print Name:			Zip Code:		

1c. Landlord/Building Owner Name and Address - also required if building is owned by the licensee

B. Partnership (This section must be completed, signed and dated by each partner.)
Attach additional sheets if necessary

Print Name:	Wicholas	Dileo	Date of Birth:				
Residence str	eet address:						
City:							
「elephone # ((include area code):						
Partner Sig	nature \mathcal{L}	.,	Title	Pris		Date	4/11/09
Print Name:	Tolin &	ilu	Date of Birth:	1.7		•••	
lity:							
Telephone # ((include area code):			Cell Phone # (includ	e area code):		
Partner Signa	ature A	6	Title (vica rve	Da	ite 4/0	11.19

C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer. This principal should be the primary point of contact.)

Print Name:	Wicholas	Dile.	Date of Birth:			
Residence str	eet address:					
City:						
Title:	Pres					
Telephone #	(include area cod	e):				
						((
Authorized S	ignature /	n.h	Title	Pres	Date	4/11/19

C. - Continued - All remaining Principals on the license must be listed below. (Attach additional sheets as needed to include all principals) Social Security #: Print Name: John Date of Birth: Delic Residence street address: City: Title: Telephone # (include area code): michael Pesico Date of Birth: Print Name: Residence street address: Zip Code: City: State: Title: Cell Phone # (include area code): Telephone # (include area code): Social Security #: Date of Birth: Print Name: Residence street address: State: Zip Code: City: Title: Cell Phone # (include area code): Telephone # (include area code): Social Security #: Date of Birth: Print Name: Residence street address: Zip Code: City: State: Title: Cell Phone # (include area code): Telephone # (include area code):

D. Club (This section must be completed, signed and dated by the Club Alcoholic Beverage Control (ABC) Officer who has been approved by the State Liquor Authority.)

Print Name:		Date of	Birth:	Social Security #	
Residence street ad	dress:	•			
City:		State:	Zip Code:	_	
Title:	•				
 Telephone # (includ	e area code):		Cell Phone # (i	nclude area code):	1
			Title .	. D	

Mailing Address:

City:

ALL SECTIONS MOST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL
1. Licensed Premises Information
Is your licensed premises closed? YES NO
If yes, is your license in safekeeping with the Authority? YES NO
If yes, do you wish for your license to remain in Safekeeping at Renewal? YES NO
If yes to any of the above, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open. Please be aware that licenses cannot remain in Safekeeping for an indefinite period of time.
Licensed Premises Name: Dyker Park Hat Bayels Fig. License Serial #: 1006815
Trade Name (if applicable):
Federal Employer Identification Number :
1a. Method of Operation: The following questions must be answered by all On-Premises license holders, including beer, beer & wine, or beer, wine & liquor
Section 109 of the ABC Law requires a statement to be submitted indicating the type of establishment operated at the premises.
If you hold an on-premises license, please select the method of operation from the following list:
ORestaurant OCatering Establishment OClub (i.e., Fraternal Org) OBall Park/Stadium/Arena OCabaret OBed & Breakfast
OBar/Tavern OAdult Entertainment ONight Club/Dance Club OCountry Club/ Golf Course OHotel OSports Bar
If dancing is permitted at the premises, who is be permitted to dance? O Patrons O Employees O Both Not Applicable
If dancing is permitted, is there exotic dancing (i.e.pole dancing, lap dancing, etc.)? O YES ONO ONO Applicable
Is there topless entertainment at the premises? YES: YES:
to their topiess entertainment at the premises.
Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary.
1b. Address of the Licensed Premises
Licensed Premises Address: 713 86 S7 *Required
City: Drowlyn 1 State: New york zip Code: 11228
County: KINSI Email Address: NDILeo 713@ AUL.CAN
Premises Telephone # (include area code): 718 836-6336 Contact Phone # (include area code): 646 533-1865
If the address your premise is know by has changed as a result of a 911 update, provide a copy of the 911 address notification form, a letter from the local municipality, or other proof of the address update.
Mailing Address (if different than premises address)

Page 2 of 6

Zip Code:

State:

1c. Landlord/Building Owner Name and Address - also required if building is owned by the licensee

Landlord Na	me:	£.	77	Wich	ر العا	ila	713	8611	uc.	
Address:	[713	86	(}						
City:	Br	volum			State:	New	YUL		Zip Code:	11225

2. Arrest/Conviction Information

Has the applicant or (if partnership) any of the partners, or (if a corporation) any of the officers, directors, stockholders, or any agent or employee of the applicant, been ARRESTED and/or CONVICTED during this renewal period (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except minor traffic violations?

○ YES NO ○ Previously Reported

If YES, complete the chart below. Submit a Police Report, Certificate of Disposition, Certificate of Conviction or a Certificate of Relief from Disabilities from the Court Clerk for each case. If the charge(s) are not complete submit documentation showing your next court appearance. If necessary, attach additional sheets.

Name of the Defendant	Connection with Licensed Premise (licensee, officer)	Date of Offense	Nature of the arrest and/or conviction	Disposition
-				

3. Applicant Information and Certification

The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

A. Sole Proprietor (This section must be completed, signed and dated by the sole proprietor.)

Print Name: {	Pate of Birth Social Security #
Residence street address:	
City: State	Zip Code:
Telephone # (include area code):	Cell Phone # (include area code):
55	Title Date/

B. Partnership (This section must be completed, signed and dated by each partner.) Attach additional sheets if necessary

Print Name:	Date of Birth	Social Security #:	
Residence street address:	7	,	
City:	State: Zip	Code:	
Telephone # (include area code):	Cell Pho	one # (include area code):	
Partner Signature	Title	Date /-	
Print Name:	Date of Birth:	Social Security #:	
Residence street address:			
City:	State: Zip Co	ode:	
Telephone # (include area code):	Cell Pho	one # (include area code):	
Partner Signature	Title	Date	***************************************

C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer. This principal should be the primary point of contact.)

Print Name:	Modelas Dile	Date of Birth:	
Residence str	reet address:		
City:			
Title:	owner /pm		
Telephone #	(include area code)		
Authorized S	2 ignature	nu Jomn Title	2//12/17 Date/

B. Partnership (This section must be completed, signed and dated by each partner.)
Attach additional sheets if necessary

Print Name:	Date of Birth:	Social Security #:
Residence street address:		
City:	State: Zip Co	ode:
Telephone # (include area code):	Cell Phone	e # (include area code):
Partner Signature	Title	Date
Print Name:	Date of Birth:	Social Security #:
Residence street address:		
City:	State: ZIp Cod	е:
Telephone # (include area code):	Cell Phone	e # (include area code):
Partner Signature	Title	Date

C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer. This principal should be the primary point of contact.)

Print Name: Wichulas Di	Lec Date of Birth:	
Residence street address:		
City:	-	
Title: Prindent		
Telephone # (include area code):		
MIL	Paridat	5)12/17
Authorized Signature	Title	Date

100 68 15. 7482 - 28.

renapp.rev-063015

RETAIL-RENEWAL 71

(Attach	ied - All remaining Princ <u>additional sheets as nee</u> t	ipals on the license mus ded to include all princip	st be listed below. pals)
Print Name:	John Diles	Date of Birth:	
Residence stre	eet address:		
Ilty:			
itle:	Secutiny		
relephone # (include area code):		
Print Name:		Date of Birth:	Social Security #:
Residence str	eet address:		
City:		State: ZIp Co	de:
Title:			
relephone # (include area code):	Cell Pho	ne # (Include area code):
Print Name:		Date of Birth:	Social Security #:
Residence str	eet address:		
Clty:		State: Zlp Co	ide:
Title:			
Telephone #	(Include area code):	Cell Pho	ne # (include area code):
Print Name:		Date of Birth:	Social Security #:
Residence str	eet address:		
City:		State: Zip Co	ode:
Title:			
Telephone # ((include area code):	Cell Pho	ne # (include area code):

ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL

1. Licensed Premises Information

ls your lice	ensed premises cl	osed? O YES	\otimes NO		•				
If yes, is ye	our license in safe	keeping with t	he Authori	ty? O YES	○ NO				
If yes, do y	you wish for your	license to rema	in in Safek	eeping at Ren	ewal? (YES	○ NO			
	ny of the above, so emises to re-open								anned
Licensed F	Premises Name:	Dyker	PAYL	C 1-64-	Royali In	License Serial #	: 100)68K	
Trade Nan	ne (if applicable):								
Federal En	nployer Identificati	on Number :							
	hod of Operation g beer, beer &				t be answer	ed by all On-	Premises	license ho	lders,
Section 10	9 of the ABC Law re	equires a statem	ent to be s	ubmitted indic	ating the type o	of establishment	operated a	t the premise:	5,
If you hold	l an on-premises li	cense, please se	lect the me	thod of operat	ion from the fo	llowing list:			
Restaur	rant OCatering Es	tablishment	OClub (i.e	e., Fraternal Org	g) OBall Park	/Stadium/Arena	Cabar	et Bed & De \	Breakfast
○Bar/Tav	rern OAdult Ente	rtainment	○Night C	lub/Dance Clu	b Country	Club/ Golf Cours	e OHotel	Sports	
If dancing	is permitted at the	premises, who	is be permit	ted to dance?	O Patrons (Employees	○ Both	Not Applica	able
If dancing	is permitted, is the	re exotic dancin	g (i.e.pole o	dancing, lap da	ncing, etc.) ? (YES () NO	C)Not	Applicable	
	pless entertainmen			YES ÂNO	`		/\		
associate agreed to Board or p	t any condition(s) d with your curre with the local Mu placed on your lic Iditional sheets if	nt license that v inicipality/ Con ense by the Au	were nmunity						
<u>1b. Add</u>	ress of the Lice	nsed Premis	<u>ses</u>						
Licensed F	Premises Address:	713	86	27					
City:	Drowle	(n b	State:	nuny	1 Wh	Zip Code:	112	28	
County:	Kings		Email Ac		20	iLe0713	@ BU	1.CM	
*Required	Telephone # (includ		718 836			e # (include area		46 533-18	
	ress your premise tter from the local		_		•	orovide a copy o	f the 911 a	ddress notifi	cation
<u>Mailing</u>	Address (if diff	erent than pı	remises a	ddress)					
Mailing A	.ddress:		·						
City:	-		State:			Zip Code:			

Page 2 of 6

			equired if building i	s owned by the licensee
ndlord Name:	wichlas Dile	9 -	713 86st CC	<u> </u>
dress:	P6 (+		,	
y: Brooklyn	State: V	un yu	Zip Code	e: [122£
				•
	tion Information	or life sorm	overtion) only of the offic	ous divoctors stadybaldays or o
nt or employee of the a		d/or CONVIC	TED during this renewa	ers, directors, stockholders, or a I period (including pleas of guilt or traffic violations?
pended sentences, or a	YES NO			or traine violations:
	pelow. Submit a Police Repo	rt, Certificate	of Disposition, Certifica	ate of Conviction or a Certificate
	n the Court Clerk for each ca necessary, attach additional :		rge(s) are not complete	submit documentation showing
	To a substant		·	
Name of the Defendan	Connection with Licensed t Premise (licensee, officer)	Date of Offense	Nature of the arrest and/or conviction	Disposition
Applicant Info	ormation and Cert	ification	1	
				s contained therein; that the
	nowledge; and that I am auth ead the terms and condition:			nd sign this certification. I he renewal and agree to comply
h the conditions.				
A. Sole Proprieto	r (This section must be co	ompleted, s	igned and dated by	the sole proprietor.)
Print Name:		ate of Birth	-1	Social Security #
Residence street addr	ess:	1		
City:	State:		Zip Code:	
Telephone # (include	area code):	n A	Cell Phone # (include a	rea code):
			.	()

Titlé

B. Partnership (This section must be completed, signed and dated by each partner.) Attach additional sheets if necessary

Print Name:	Date of Birth /	- Social Security #:
Residence street address:		
City:	State: Zip Code:	P
Telephone # (include area code):	Cell Phone # (i	nclude area code):
	· · ·	,
Partner Signature	Title	Daté /
Print Name:	Date of Birth:	Social Security #:
Residence street address:		
City:	State: Zip Code:	
Telephone # (include area code):	Cell Phone # (i	nclude area code):
Partner Signature	Title	Date

C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer. This principal should be the primary point of contact.)

Print Name:	Mchilm Dile	Date of Birth:	
Residence str	eet address:		
City:		grand and the state of the stat	
Title:	owner /pm		
Telephone #	(include area code):		
Authorized Si	gnature	Title John	2//12/17 Date/17/17

C. - Continued - All remaining Principals on the license must be listed below.

(Attach additional sheets as needed to include all principals)

Print Name:		Date of Birth	1:	Social Security #:
Residence street	address:			
City:		State:	Zip Code:	
Title:				
Telephone # (inc	clude area code):		Cell Phone # (incl	ude area code):
Print Name:		Date of Birth	า:	Social Security #:
Residence street	address:			
City:		State:	Zip Code:	
Title:				
Telephone # (inc	clude area code):		Cell Phone # (incl	ude area code):
Print Name:		Date of Birth	n:	Social Security #:
Residence street	t address:			
City:		State:	Zip Code:	
Title:	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
L	clude area code):		Cell Phone # (incl	ude area code):
L	clude area code):	Date of Birth		ude area code): Social Security #:
Telephone # (in		Date of Birth		
Telephone # (in		Date of Birth		
Print Name:			h:	